

THE BATTLEFIELD AT HOME: THE MEANING OF HOMELESSNESS
FROM THE FEMALE VETERAN'S PERSPECTIVE

by

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B.S., Kansas State University, 1996
M.S., Kansas State University, 1999

AN ABSTRACT OF A DISSERTATION

submitted in partial fulfillment of the requirements for the degree

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Abstract

Homelessness has become an enduring fixture of contemporary United States society. Female veterans face a host of unique challenges; females often carry the burden of serving in the armed forces, while balancing marriages, motherhood, and caregiving responsibilities in their home lives. As the veterans return to their lives as civilians, the females who served in the military must deal with the possibility of sexual harassment, sexual assault, and rape while in the armed services. Female service members are twice as likely to have Post Traumatic Stress Disorder (PTSD) than their male service members and are three to four times more likely to become homeless. Understanding this view of homelessness from the female veteran's perspective is limited due to small sample sizes in previous research efforts. However, with the increasing numbers of homeless female veterans it is imperative to understand the risk factors.

A qualitative descriptive study was conducted using a modified framework for studying vulnerable populations. The study was designed to explore the meaning of homelessness from the female homeless veteran's perspective. Second, risk factors were examined for homelessness and the services necessary for the female veteran to exit the homeless cycle. Third, the data were coded and analyzed to identify patterns and commonalities of multiple psychosocial factors such as unstable family support, domestic violence, job loss, affordable housing options, substance abuse, mental and physical health issues. These factors were cited as the leading risk factors contributing to the homeless state of this sample of female veterans.

The data collection consisted of ten homeless female veterans participating in a private, audio taped interview using a semi-structure interview tool. Resources listed as a

necessity to end homelessness consisted of affordable housing, job security, earning a living wage income, transportation, remaining drug free, and being awarded disability. The pathway to homelessness varied for each participant, but they all demonstrated a tremendous amount of resiliency.

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Table of Contents

List of Figures	xi
List of Tables	xii
Acknowledgements	xiii
Dedication	xvi
Prologue	xviii
Chapter 1 Introduction	1
Background and Significance	3
Purpose of the Study	4
Theoretical Perspective for Studying Veterans Homelessness	5
Research Questions	10
Overview	11
Chapter 2 Literature Review	13
Part I Females in the Military	14
Female Veterans	16
Part II Issues of Homelessness and Female Homeless Veterans	16
Unmet Needs for Homeless Veterans	17
Veterans Administration Programs for Homeless Veterans	18
Part III Growing Problems of Female Veterans	19
Post-Traumatic Stress Disorder	21
Military Sexual Trauma	22
Housing and Child Care Barriers	23
Employment and Employability	24
Chapter Summary	25
Chapter 3 Research Methods	27
Research Design	27
Identification of Sample	29
Description of Setting	30
Demographic Data	31
Qualitative Interviews	32

Procedure	33
Ethical Considerations	35
Potential Risks	37
Potential Benefits	38
Qualitative Data	38
Method and Procedure for Data Analysis	38
Summary	40
Chapter 4 Results	41
Participants Characteristics	42
Summary of the Interviews	46
Veronica Black.....	46
Trixie Star	49
Nona	51
Susan	52
Sheniqua.....	53
Tequila	55
Taz.....	57
Ms. Prissy.....	58
Lu Jones	60
Michael	62
Results.....	64
Summary of the Research Question.....	64
Themes	64
Reaction to Trauma	67
Life Style Choice	70
Income.....	73
Family Relationships	75
Spirituality.....	77
Veterans Privilege.....	80
Still Serving	84
Health Care	87

Military Preparation	88
Summary	90
Chapter 5 Discussion	92
Interpretation	93
Demographics	93
Risk and Resource Factors	96
Reaction to Trauma	96
Life Style Choice	99
Income	99
Family Relationships	101
Spirituality	102
Veteran's privilege	103
Still Serving	105
Modified Framework for Studying Vulnerable populations	107
Social Status	107
Social Capital	108
Human Capital	109
Health Care Utilization and Perceptions	112
Well-Being	113
Limitations	117
Conclusion	118
Recommendations for Future Research	118
Summary	120
References	123
Appendix A Demographic Form	142
Appendix B Interview Questions	144
Appendix C Consent For Use Of Voice Recording	146
Appendix D Flyer	148
Appendix E Research Short Form	150
Appendix F List of Military Acronyms	151

List of Figures

Figure 1.1 Modified Framework for Studying Vulnerable Populations.	7
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List of Tables

Table 4.1 Selected Demographic Characteristics of Female Veterans	43
Table 4.2 Selected Demographic Characteristics of Female Veterans Military Service .	44
Table 4.3 Factors influencing Homelessness.....	45
Table 4.4 Summary of Themes reported by Female Veterans.....	66
Table 5.1 Main Themes and Data Saturation Points for each Study Participant.....	116

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“Education is the key to unlock the golden door of freedom”.

~George Washington Carver

Dedication

George Washington Carver—“How far you go in life depends on your being tender with the young, compassionate with the aged, sympathetic with the striving, and tolerant of the weak and strong because someday in life you will have been all these.”

To the late Lance Corporal Vincent T. Miller, Marine Corps veteran and the inspiration to conduct this research interest on examining the meaning of homelessness from the female veteran’s perspective. My brother was smart, strong, and more than anything always wanted to be a Marine. He often spoke about his fellow marines and the places they had gone. My brother was like many of the veterans you will read about, and like many of the female veterans in this study. He suffered from; PTSD, substance abuse, homelessness, divorced two times, unemployed, legal concerns, physical problems, and a list of medical issues. I do not want another family to endure my family’s pain, listen to your veteran, and get them the help before it is too late.

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“No individual has any right to come into the world and go out of it without leaving behind him distinct and legitimate reasons for having passed through it”.

George Washington Carver

Prologue

Where does one start, the year was 1989, I found myself in the most vulnerable position in my young life. It was the fall/spring of my senior year of college and I had just walked away from my full basketball athletic scholarship, college degree, friends, and teammates to list a few. I realized at that time I could not stay home and wasn't ready to go back to college. One of my closest friends had committed suicide the first week of my senior year and things were not looking any better that year for me. I decided to do the only thing that I felt I could do at that time, join the Army and fight for my country. It wasn't so extreme of making the decision to join the military because I came from a very patriotic family with four family members all serving in Vietnam at the same time. So God, Country, and Family came honestly to me at an early age.

Let's fast forward to March of 1989, and I found myself in Ft. Jackson, South Carolina for basic training and advanced individual training (AIT); and the experience began. I would like to share four brief stories that served as another inspiration for this dissertation. First I would like to tell you about Private Molly 1, (Molly is one of the names drill sergeants would give to a female soldier) after three weeks in basic training started exhibiting some strange behaviors; she didn't want to shower, complete duty assignments, participate in physical training and was highly destructive. Finally after she threatened to fire her M16A2 rifle at our platoon during a basic rifleman marksman course training exercise, the Army finally gave her an assessment. No one was injured that day! Private Molly 1 was later diagnosed with a mental illness and received a medical discharge.

The second story was centered on Private Molly 2. It was after our final physical training test in basic training and we had all passed the two mile run, push-ups and sit ups and we all were extremely excited to be done with the test. One of the Privates from another platoon had gotten injured, and one of the drill sergeants requested that a team of three carry her back to the barracks. It seemed like the barracks were five miles away. Did I mention it was pouring down rain; it seemed to rain a lot in Ft. Jackson. “If it’s not raining, you are not training”, the drill sergeants would echo. We reached the barracks and Private Molly2 stops breathing. I am not sure if you know what that feels like to have someone lifeless in your arms, we didn’t panic that day. We found a blanket covered under, I started CPR, and had one of the other soldiers find one of the drill sergeants or a medic. Private Molly 2 survived that day. It turned out she had a heart problem that had not been detected upon entry in the military.

The third story was something right out of a life time movie, Private Molly 3 came in to Army to flee an abusive relationship, and she placed her children in protective custody with a family member. I spent the entire basic training with her and she never told a soul. Finally she revealed to us in advanced individual training that she was a victim of domestic violence and she came into the army to flee her abusive husband. She was one of the first cases of domestic violence that I had been exposed to.

The fourth and final story was filled with triumph and strength as Private Molly 4, displayed valor. One of the final things you do in basic training is spend time in the field and complete a war scenario, with digging fox holes, live fire, sleeping overnight in a tent, etc. That morning you had to complete a road march back to the barracks. Private Molly 4 was maybe 4’11” and weighed barely 100 pounds. She became injured in the

field exercises and refused to go back on the sick call. That day over 20 females went on sick call to avoid the march. Several of us tried to carry her ruck sack and weapon so she could make the march. The drill sergeant came and informed us that we had to give her back her gear. He told us that day after today, nothing would be same and when you make it back to the barracks, make that road march, anything in life after today will only provide strength and endurance that you will carry on in life. So we cheered on Private Molly 4 that day for finishing the march and we learned how to support your fellow soldier. That day we learned what “Leave no one behind”, and the true meaning of “Band of Soldiers”.

I said all of this to remind us, when we read about the lives of these ten very brave female veterans. They all started somewhere and had a past. Let’s respect the stories and embrace change. I feel that there are more stories out there that need to be told and explained. I also believe that the military needs to do a better job with mental health assessments and the physical examinations to prevent as much trauma as possible. I would like to end with a quote:

“It is the soldier, not the reporter, who has given us the freedom of the press. It is the soldier, not the poet, who has given us the freedom of speech. It is the soldier, not the campus organizer, who has given us the freedom to demonstrate. It is the soldier who salutes the flag, who serves beneath the flag, and whose coffin is draped by the flag, who allows the protestor to burn the flag”.

Father Denis Edward O’Brien, Sergeant, USMC

Chapter 1

Introduction

More than 140 years ago, Present Lincoln pledged America's obligation, "To care for him who shall have borne the battle, and for his widow, and his orphan." While this quote may reflect the status of the military at the time, the general idea that the government should care for its veterans remains as true today as it did in Lincoln's time. The changing face of the military members, both in terms of race/ethnicity and sex, enhances the significance of this statement.

For some, it is now time for the nation to renew this commitment to our female soldiers and veterans. This commitment has never been more important than it is when dealing with the many battle-wounded and traumatized veterans of the recent military campaigns (Davis, 2012; Street, Vogt, & Dutra, 2009). One side effect of the problems encountered by some of these veterans has been the inability to maintain steady relationships, e.g., personal, familial, employment, resulting in other long-term issues generally related to social and personal problems, e.g., gambling, substance abuse, homelessness (Benda 2006; Gamache, Rosenheck, & Tessler, 2003; Hamilton, Poza, & Washington, 2011; Street, Vogt, & Dutra, 2009). The most significant of these problems is homelessness which is often an outcome of a buildup of problems faced by veterans and exacerbated by the social demands of a society that has little tolerance for or support of people who are marginalized (Street, Vogt, & Dutra, 2009; Washington, Yano, McGuire, Hines, Martin, & Gelberg, 2010).

The Department of Veterans Affairs, understanding that there is a growing problem among US veterans, has set a lofty goal of getting all homeless veterans off the

streets by 2015 (US Dept. of Veteran Affairs, 2012). Although there has been some initial success, the problem continues. The United States Department of Veterans Affairs (VA) states the nation's homeless veterans were predominantly male, with roughly 4% being females. According to data collected during the 2014 Point-in-Time Count, 49,933 veterans experienced homelessness on a single night in January 2014. That estimate represents a 14 percent decline compared to the Department of Housing and Urban Development's 2013 estimates.

The rate is 29 homeless veterans per 10,000 veterans in the general population. When the issue of sex is added to the homeless equation there are stark contrasts. The Government Accountability Office (GAO) estimated the rank of homeless female veterans has risen more than 140% since 2006 (Decker, Rosenheck, Tsai, Hoff, & Harpaz-Rotem, 2013). As of fiscal 2010 the number was projected to be over 3,300 (US Government Accounting Office, 2011). The report cautions, however that the Veterans Affairs data are limited and cannot be generalized to the overall homelessness problem. For example, the Veterans Department does not specifically track homeless female veterans, and as a result their needs typically go unmet and the lack of policy makes it difficult for the agency to allocate appropriate grants and services dollars to those who can and do provide for this special population (US General Accounting Office, 2012). Current data reveal that approximately two-thirds of homeless female veterans are aged 40 to 59, and many have minor children and another one-third of these women are known to be disabled in some form (Decker, et al., 2013; State of Homeless, 2013; Tsai, Kasprov, Kane, & Rosenheck, 2013). Still, many other veterans are considered near homeless or at risk because of poverty, lack of support from family and friends, and are

living under dismal conditions in cheap hotels or in overcrowded or substandard housing (Hamilton, Poza, & Washington, 2011; Rukmana, 2010; State of Homeless, 2013; Tsai et al., 2013).

Background and Significance

Homelessness is continuously rising in the United States. An estimated 2.3 to 3.5 million people experience homelessness in a given year, and an estimated 26% of homeless adults are veterans (US Dept. of Housing and Urban Development and US Veterans Affairs, 2011; 2010). Overall, in the trends in homeless populations reported overall veterans make up about 11% of the general population, yet they account for 26% of the homeless population. (Gamache, Rosenheck, & Tessler, 2003). However, females who have served in the United States military are three to four times more likely than non-veterans females to become homeless (Gamache, Rosenheck & Tessler, 2003; Tsai, Rosenheck, & McGuire, 2012; Tsai, Rosenheck, & Vincent, 2014; Washington et al., 2010). Despite these data trends their risks for homelessness have not been clearly defined. Females are one of the most vulnerable subpopulations among the homeless (Hamilton, Poza, & Washington, 2011; Rukmana, 2010; US Govt Accounting Office, 2011). Similarly to homeless male veterans, homeless females veterans are likely to present with different needs such as the need for privacy, gender related care, treatment for physical and sexual trauma, housing support, and care for dependent aged children (Jaycox & Tanielian, 2008; Tsai et al, 2013). Although food, shelter and clothing are the most immediate needs of the homeless, healthcare is also of fundamental importance (Blackstock, Haskell, Brandt, & Desai, 2012; Leslie, Goulet, Skanderson, Mattocks, Haskell, & Brandt, 2011). Homeless families are less likely than housed poor families to

report having a regular provider for preventive care or for sick care (Fargo, Metraux, Byrne, Munley, Montgomery, Jones, et al., 2011; Kushel, Gupta, & Gee, 2006).

While the Department of Veterans Affairs (VA) has been known as a system that cared for male veterans, it is increasingly turning its focus to the health care needs of the female veteran (US Govt Accounting Office, 2011; US Dept. of Veterans Affairs, 2012b). According to the 2000 U.S. Census, there were nearly 1.6 million female veterans in the United States. While not all female veterans are eligible for services offered through the VA approximately 11.4% use the VA for some or all of their entire medical services (US Dept. of Veterans Affairs, 2012a). On average the female veterans represent 5.5% of all VA users at individual facilities and the fastest growing of the new users (Leslie, et al, 2011). Because of the health care needs of female veterans the increased prevalence on how to meet the needs of the female veteran continues to grow (US Dept. of Veterans Affairs, 2012b). Females have health care needs specific to them and may not be prevalent in non-veterans populations. These issues related to unique exposures found among military personnel including environmental, stress exposures, chemical, socio-economic factors, life experiences as well as health status (Bean-Mayberry, Yano, Washington, Goldzweig, Batuman, Huang, et al, 2011; Fargo, et al., 2012; US Dept. of Veterans Affairs, 2010).

Purpose of the Study

The purpose of this investigation was to explore the concept of homelessness from the perspective of the female veteran using a strength model. While there have been a number of important and well-reasoned investigations, most have sought to describe who is homeless by looking at a myriad of problems and issues that the homeless

population faces. However, few have sought the perspective of the homeless person in a way that their sense of self, resiliency, and survival strategies were examined as a way of getting them to address ways to develop appropriate and alternative plans to ameliorate their situations as is proposed in this investigation.

In short, I explored how homeless female veterans adapt and survive in conditions that are hostile and demeaning. I wanted to find out how did these female veterans recover and what can be done to improve their condition that would maintain the respect and dignity that they need in order to continue surviving in this alien world.

Theoretical Perspective for Studying Veterans Homelessness

The concept of improving our understanding of well-being and how it influences homelessness among US female veterans must be discussed with an appropriate theoretical construct. Figure 1 portrays what I call the Behavioral Model for Vulnerable Populations (BMVP)—a model that can be used with veterans with military trauma, mental illness, unemployment, and other key factors that may help identify and provide potential information and solutions for female veterans to begin exiting the homeless system (Washington et al., 2010).

Developing a deeper understanding of this framework will help me to support findings that can and should be incorporated into federal and local policies aimed at reducing female veteran's risks of homelessness. There are several interconnected pathways to homelessness for female veterans especially those who have suffered from military trauma, mental illness, and long-term unemployment, all elements identified by the literature as potential risk factors (Washington et al., 2010). I believe that this framework will underscore findings that can be incorporated into federal and community

programs to identify at risk female veterans and serve as a systemic triage mechanism for targeted service needs of homeless female veteran. The model used in this investigation incorporates both the vulnerability and structural systemic approaches. The BVMP model takes into account both the individual and societal roles in forming the overall well-being of an individual. It also allows one to understand how and when one or more of these components becomes dysfunctional. This allows us to develop a better understanding of the outcome—in this case homelessness among female veterans. The vulnerability modified framework to explore the individual perspective of risks and resources is found in (see Figure 1.1). This framework was used in a modified format that provided a working assessment of the homeless veteran's perspective of the community and individual resources. Developing an understanding what community and individual resources are available or not may contribute to enhancing our understanding of why homeless occurs for some and not others. A decrease in individual resources may increase the relative risk for vulnerability, which will in turn increase the individual's health needs. The model assumes that the individual has had prior military service, in this case they would have to because the study centers on homeless veterans.

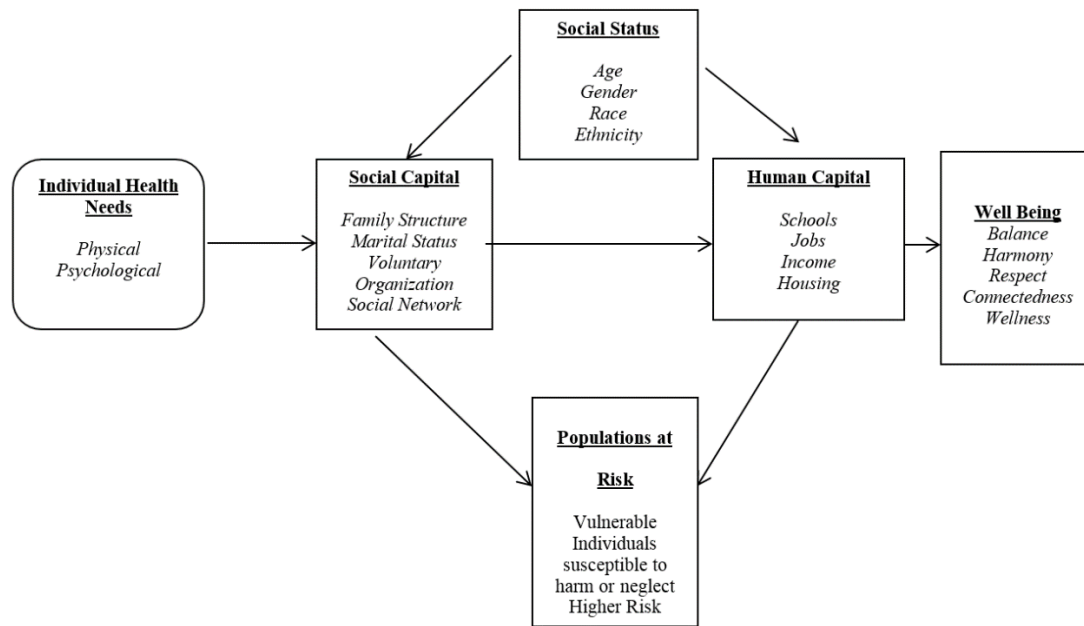


Figure 1.1

Modified Framework for Studying Vulnerable Populations.

While there are many different theories that could be applied I have opted for using (BMVP) vulnerability theory (Aday, 2001) as a base and extracting the basic concepts and relating them. Each construct in the (BMVP), known as the vulnerability theory, utilizes perspectives that will assist me in addressing and explaining how the well-being of female veterans is related to the specific human capital and risks factors that are believed to be significant contributors to homelessness. The vulnerability¹ conceptual model has the distinction of being able to be used at both the macro (community) and micro (individual) levels. On the macro level the perspective includes addressing individual health needs, resource availability, as well as the psychological, physical and social needs necessary to sustain the individual. The micro level includes

¹ The vulnerable populations' conceptual model finds interrelationships between resource availability (both personal and community), relative risk, and health status. Resource availability includes both socio-economic resources as well as environmental resources. Relative risk concerns the ratio of poor health in those who do not have access to or receive resources and are compared to risks, compared to the health status of those who do have resources and are not exposed to those risks (Aday, 1994).

the individual health and resources needs. According to the Aday (2001) vulnerability can be predicted by three essential domains—social status (sex, race, age, and ethnicity) social capital (social network, family structure, marital status) and human capital (income, school, housing and job). The vulnerability model proposes the interaction between these domains helps to form the risk of vulnerability.

The second part of the exploring the homelessness among female veterans that I propose is to use the Structural Systems Theory Approach. This construct focuses on the individual as a part of a larger system that is interconnected with a variety of subsections (Neale, 1997). By using the concepts of vulnerability and structural system together it allows me to form a multi-system approach that generates pathways for examining the role of various life issues, such as lack of affordable housing, chronic unemployment, relationship problems, and financial distress as factors that contribute to the risks pool for homelessness among female veterans.

The term vulnerable has been associated with mental or health problems, harm or neglect (Leight, 2003). Vulnerable populations are defined as those at greater risk for poor health status and health care access. Many efforts have been made to characterize vulnerable groups, including by diseases (e.g., HIV), age groups (e.g., the elderly), and demographics (e.g., homeless individuals). Vulnerable populations in the United States generally include racial and ethnic minorities, people with low social economic status (SES) populations, and those without adequate health care (e.g., the uninsured or those without a regular source of care). Using this combined theoretical approach will allow me to focus on homeless veterans and offer me an opportunity to explore how their different pathways contributed to their homeless status. Although various pathways have

been identified in the literature, it is often done without consideration of the overarching construct of race/ethnicity and how that plays into the equation. Among female veterans the elements that have been found to contribute to homelessness are often associated with mental illness, substance abuse, or both, either of which threatens employability and may also result in breakdowns in interpersonal relationships (Blackstock et al, 2012; Harpaz-Rotem, Rosenheck & Desai, 2011; Maguen, Ren, Boch, Marmer, & Seal, 2010; Washington, et al, 2010; Tessler et al.,1992).

A major assumption that we make is that reasons for homelessness are structured by social roles that define a person's place in the social structure. As one of the most basic of roles, gender summarizes a host of differences in how individuals are socialized, what is expected of them, and what they expect from themselves. In so far as gender roles makes people differently vulnerable to alcohol, drug abuse, and mental illness, and to the good will of persons who they rely on for financial support, we would expect to find differences in how men and women perceive their paths into the homeless condition (Tessler et al.,1992).

The inability to address the needs of the veteran populations concerning medical concerns, addictions, mental health, and affordable housing options has led to many veterans becoming homeless or at risk for homelessness. Although there are numerous studies documenting the need for resources to assist the homeless veteran population there remains a significant amount of female veterans that remain homeless (Byrne, Montgomery, & Dichter, 2013; Fargo et al, 2012; Blackstock et al, 2012; Tsai et al., 2012; Desai, et al., 2009; Washington et al., 2010; Harpaz-Rotem, 2009; Benda, 2006).

Examining these factors from the female veterans experience will bridge the gap in understanding how to best serve the female veterans to end homelessness.

This study examined factors that contribute to the well-being of female veteran's affected by homelessness. This was accomplished by identifying the female veteran's causes for homelessness from their experience, and addressing basic living needs: food, shelter, clothing, transportation, employment, medical and mental health services. I also employed a descriptive methodology to explore the meaning of homelessness among female veterans as well as examining the risk factors for homelessness from the perspectives of the personal, community, and health care utilization.

Research Questions

The use of the Modified Framework for studying Vulnerable Populations, coupled with my own interests, led me to one overarching research question. That is: How do female veterans experience homelessness? There are both macro and micro level issues that contribute to homelessness and how female veterans come to understand the experience of homelessness. Exploration of these deficiencies can help in the discovery of the primary risk factors for homelessness among female veterans from their perspective. In order to answer this question the following specific research questions are listed below:

1. How does access or lack of access to individual resources (social capital, human capital, and social status) influence the relative risk for homelessness among female veterans?
2. What do female veterans perceive as the vital resources (social capital, human capital) to help end their homeless situation on a permanent basis?

3. What do female veterans think about the military's role in maintaining or eliminating barriers to homelessness after military service—in other words, do these women hold the military culpable in their current homeless status?

Overview

In this chapter I provided an overlay, a brief foundation about the scope and nature of the problem of homelessness among US female veterans. I also described how homelessness is a national epidemic that is fueled by a complex mix of external structural issues, lingering effects of the recession, increased poverty, a severe shortage of affordable housing, lower levels of education that limit economic gain, physical disability, and a flurry of low-wage jobs.

If we are to solve homelessness, we must take into account both the structural and individual causes and create a comprehensive vision that addresses them. Nowhere is this more relevant than in preventing and ending homelessness among veterans. In this dissertation I intend to examine how the interactions of individual lives along with some of the large society structural issues have come to influence homelessness among female veterans.

Chapter Two examines the current literature surrounding homelessness among female veterans highlighting some of the particular barriers to eliminating this condition. Chapter three details the research methodology that will be used in this investigation to help unpack and explain how women veterans come to terms with being homeless and explore what strategies these women have at their disposal for resolving their current conditions. Chapter four provided results from the interviews and the female veteran's

sharing their experiences of homelessness. Chapter Five summarized the results and provided a detailed summary and listed limitations and recommendations from the study.

Chapter 2

Literature Review

Although defining homelessness would seem to be a straightforward task, this has not been the case. Many different definitions have been used by researchers, with the most commonly used definition, and the one used by this researcher being the definition included in the McKinney Act of 1987 that suggested, “People are homeless when they lack a regular, fixed and adequate nighttime residence or have a primary residence that is a private or public shelter, an institution that provides temporary residence for those meant to be institutionalized, or a public or private place which is not designed for sleeping accommodations for human beings (McKinney Homeless Assistance Act, P.L. 100-7).” Determining the actual number of homeless persons in the United States is a difficult if not near impossible task. Available data on the prevalence of homelessness is generally based on numbers during nightly counts, homeless shelters and requests for emergency shelter (Coker et al., 2009; US Interagency Council on Homelessness, 2012). However, these numbers leave many homeless uncoun­ted, due to undercounting, duplicate counting and not counting people when they should be counted because of a temporary break in their homeless status, such as spending the night in jail or at a hospital (Tsai, et al, 2014; US Interagency Council on Homelessness, 2012). According to the National Alliance to End Homelessness (2012), there were approximately 800,000 people in the United States who were homeless in 2012 with approximately 38% of those being families with young children. The racial/ethnic breakdown is of important note as well. It is estimated that 46% of the homeless population are African Americans; 34% European Americans, 15% Hispanic, and 4% American Indian. Fully 80% of homeless

adults are between the age of 18 and 50, with less than 5% being over 60 years of age (Toro, 2007).

This literature review, because of the unique nature of the population under study, is divided into three parts. In the first section I present a brief history of women in the Armed Forces and examine their contributions. In the second part I explore the general nature of homelessness with US female veterans. The third section examines the specific risk factors that are unique to female veterans and how these may contribute directly and indirectly to their homeless state as a consequence of their armed service duty.

Part I

Females in the Military

The history of females in the military begins with the American Revolution. Although the military was primarily male, by 1783 there were more than 20,000 females in the military who provided support or active service. Those that actively served in the military dressed as males in order to fight alongside their husbands. During the Civil War, thousands of females served as nurses and organized unofficially to provide food and clothing for the soldiers (Small, 1998). Because of the roles women played in the Civil War in maintaining acceptable levels of care, the Nurse Corps was established (Perlin, Mather & Turner, 2005). Officially, females have been serving in the US Military since 1901. However during the Civil War women served as nurses although for the most part their services were limited to ancillary roles and were constrained by law and policy. By 1948 the Women Armed Services Act was passed granting female permanent status in both the regular and reserve forces of the Army, Navy, Marines and Air Force, and entitling them to veterans' benefits (Huynh-Hohnbaum, Damron-

Rodriguez, Washington, Villa, & Harada, 2003). Although female numbers in the military continued to expand, during the Vietnam era, their enlistment was capped at two percent of the total forces and those that were in the service served primarily as nurses and clerical staff (Murdoch et al., 2006). In 1973 the Selective Service Act ended the draft resulting in a slow, but steady growth of females in the military ranks. During this time to the present it grew from about 2% to about 15% at that start of 2002 (Costello, Stone & Wright, 2003) and has remained steady since (Agazio & Buckley, 2010).

During the Gulf War, 1990-1991, roles for females were expanded to include indirect combat roles such as plane or helicopter pilot, supervision or oversight of prisoners of war, repairing fighting equipment, and leading engineering battalions (Murdoch et al., 2006). During this period, approximately 11% of the total soldier population was female, with less than half serving in clerical or combat support positions.

Data from the Gulf War revealed relatively equal numbers of males and females experiencing at least one exposure to combat (Carney et al., 2003). By the end of the Gulf War, more than 33,000 females were in combat support positions performing front line functions such as truck driver, pilot, port security and POW camp oversight (Murdoch et al., 2006). In the current Iraq and Afghanistan operations, women are still barred from serving in direct combat roles, such as in the Marine and Army infantry units, armored units and small amphibious vessels, but this does not negate their exposure to combat situations (Titunik, 2000). The Iraq and Afghanistan operations lack a true *front line*, meaning enemy attacks can occur anywhere, thus increasing women soldiers' exposure to combat and combat related injuries (Street, Vogt, & Dutra, 2009). In 2009 it

was estimated that women comprised approximately 14.6 % of the total Armed Forces, 21% of which are in the military reserves (Agazio & Buckley, 2010).

Female Veterans

The VA was developed to provide care to veterans, who in the past have been primarily male. As the number of females in the military increases so does the number of female veterans (Perlin, Mather & Turner, 2005). Female veterans, especially those from minority backgrounds, are the fastest growing veteran population (Huynh-Hohnbaum, et al., 2003). The increase in this population has changed the type and number of services the VA must provide. Along with changes in services, the focus of veteran research is changing to include more research on female veterans as in the past veteran research has typically excluded women due to their small numbers. Research priorities include how participation in military service may impact reproductive health, mental health, substance abuse and how exposure to environmental hazards will impact future health of the females. In addition, current VA research is focusing on how to build capacity in the VA system for female programs, utilization rates, and reasons for non-use of services (Yano et al., 2009).

Part II

Issues of Homelessness and Female Homeless Veterans

Approximately one-third of the entire homeless population is composed of those who swore to defend the constitution and many of those have served in combat. Although one-third of the homeless populations are veterans, veterans comprise approximately only 11 percent of the total adult population, meaning they are disproportionately represented among the homeless population. The majority of homeless veterans is male, single and

most come from disadvantaged families. Approximately 45% of homeless veterans suffer from one or more mental illnesses and approximately 70% suffer from alcohol or substance abuse issues. Researchers have found one in ten homeless veterans is disabled, with most disabilities resulting from experiences during active duty, including combat wounds (Olysyk & Goodell, 2008). The number of homeless female veterans is low in comparison to the male homeless veteran, thus they are normally excluded from research. Gamache, Rosenheck, and Tessler (2003) found female veterans were two to four times higher in risk for homelessness when compared to female non veterans. The reason for increased risk of homelessness among women veterans was unclear in this particular study, but was proposed by the researcher to be related to characteristics such as lower income, PTSD, substance abuse, high rates of child abuse, and decreased social ties due to military service.

Unmet Needs for Homeless Veterans

Although numerous programs are offered to homeless veterans, the numbers of homeless veterans is not decreasing. Each year, the HCHV programs conduct a Community Homelessness Assessment, Local Education and Networking Groups (CHALENG) survey to determine physical and health related unmet needs for the homeless veteran. These surveys continue to show homeless veterans in need of permanent housing, jobs, medical and psychiatric care, glasses, and dental care. In the last couple of years, child care has become an identified need, which may be in part due to the increasing number of homeless women veterans (United States Department of Veterans Affairs, 2010). The homeless population in the United States has continued to grow despite the government and private funding provided to combat homelessness.

Veterans are over represented among the homeless population and with the growing female veteran population there has been an increase in the homeless woman veteran population. Risk factors for homelessness in the general homeless population include loss of employment, lack of affordable housing, and family disruptions. Veterans become homeless for many of the same reasons as the general populations, but also have risks that are germane to the veteran population. Risk factors for homelessness among female veterans have been understudied, but in the few studies conducted, are very similar to the general homeless population with the exception of military sexual trauma.

The VA has many different programs designed to end homelessness in veterans, and although homelessness among male veterans decreased slightly in 2011, homelessness among female veterans is growing. Research regarding the homeless population, causes of homelessness and programs for the general homeless population is abundant. The current research priorities for homeless veterans consist of discovering risk factors and needs to end homelessness. Very little research has been conducted with homeless veterans using a qualitative method in order to understand the perspective of the homeless veterans. Just as qualitative studies are limited with homeless veterans; female homeless veterans have rarely been included in research, which has led to little information being available for this population.

Veterans Administration Programs for Homeless Veterans

In 1980 the VA Health Care for the Homeless Veteran (HCHV) program was developed to assist homeless veterans with different types of VA services available via community outreach. These services consisted of pension and compensation benefits, inpatient and outpatient medical treatment, inpatient and outpatient mental health

programs, substance abuse services and vocational rehabilitation programs. HCHV programs are available in almost every VA hospital, regardless of the number of homeless veterans in the catchment area, and are offered to those veterans who meet the definition of homelessness according to the McKinney Act. In addition, in the 1990's, most HCHV programs began providing outreach services to many veterans in prisons, in an attempt to decrease the number of veterans who become homeless after release (McGuire, 2007). Although many homeless veterans receive a pension, in 2009 28% of the HCHV veterans remained homeless (United States Department of Veterans Affairs, 2010).

Part III

Growing Problems of Female Veterans

The number of female veterans has continued to grow. As a corollary so too has the number of female homeless veterans (Tsai, Kaspro, Kane, & Rosenheck, 2014; Blackstock, Haskell, Brandt, & Desai, 2012; Meehan, 2006). The problem of homelessness is a growing concern that is only exacerbated when one examines the accompanying problems. Previous investigations have revealed those female veterans are three times more likely than female non-veterans to be homeless (Fargo, Metraux, Byrne, Munley, Montgomery, Jones, et al., 2011; Hamilton, Poza & Washington, 2011; Tsai, Rosenheck, & McGuire, 2012).

Another unique feature found among homeless female veterans is that they were more likely to have children, have more family housing issues, suffer from lower paying jobs, need greater privacy—and safety for themselves and their children (Hamilton, Poza, & Washington, 2012; Rukmana, 2010; Thomas, Montgomery, & Dichter, 2013). The

condition of homelessness among female veterans is as accompanied by a host of health (Baggett, O'Connell, Singer, & Rigotti, 2010; Haskell, Mattocks, Goulet, Krebs, Skanderson, Leslie, et al., 2011; Hayes & Krauthamer, 2009; Leda, Rosenheck, & Gallup, 1992; Tsai, Rosehheck, & McGuire, 2012) economic (Burt, Aron, Lee, & Valente, 2001; Benda, 2006) and social problems (Lee & Schreck, 2005; Lee, Tyler, & Wright, 2010). All of these general conditions of homelessness for female veterans when combined with some of the unique status of these women make the problem even more problematic.

In addition there are several other risk factors for homelessness including those related directly to socio-economic causes such as loss of employment, inability to provide for transportation, and lack of affordable housing (Lee, Tyler & Wright, 2010). When the impact of family disruptions such as divorce are added to the equation, the economic costs rise even more.

Another risk factor that is directly related to personal trauma from physical abuse experienced as a child. Similar to the female veterans in the study that experienced various childhood traumas the data supports the increased homelessness. Approximately 25% of the homeless youth have suffered from physical or sexual abuse, 33% are runaways, and 27% had been in the foster care system and have reached the age of emancipation (Martins, 2008). Those exiting the foster care system are at increased risk not only for homelessness but for negative psychosocial outcomes, behavioral problems, and victimization (Fowler, Toro, & Miles, 2009). Other factors that have contributed to homelessness are a lack of a social network, anti-social or offensive behavior, and lack of education (Shelton, Taylor, Bonner & van den Bree, 2009). In addition, substance abuse

and alcohol problems are frequently found to be contributors to homelessness (Koegel, 1998; North & Smith, 1994).

In the next section of this literature review I explored the unique circumstances faced by female veterans that contributed directly to their homeless status. A general overview of the literature revealed four unique factors—they were: (1) military trauma often associated with combat participation; (2) military or post-military interpersonal violence; (3) post-military mental illness substance abuse and medical condition; and (4) lack of service access linked to issue of personal mental and physical health.

Post-Traumatic Stress Disorder

Because the female facing combat conditions is a relatively new phenomenon, little is known about the unique needs and issues facing the female service member and other women with combat-related Post-Traumatic Stress Disorder (PTSD). The female homeless veteran population is growing. Research has shown female veterans have higher rates of PTSD and other combat related mental health problems than their male counterparts which may have an impact on the homeless rate in the female veteran population when there is no support offered. On the other hand, two recent investigations disclosed that among Iraq and Afghanistan veterans who had exposure to VA homeless services women fared better than men (Blackstock, et al, 2012; Tsai, Pietrzak & Rosenheck, 2012). These studies showed those who had better social capital—better educated, lower incarceration rates and lower substance abuse rates were more likely to benefit. Although there is an abundance of veteran research and homeless veteran research, women veterans have normally been excluded due to their small numbers. As

their numbers in rank continue to grow, they must be included in research in order to adequately represent their population in meaningful analysis.

More recent studies also uncovered the fact the modern warfare increases women's exposure to trauma and that it also increased the need for mental health services (Murdoch et al, 2006). Still other investigations have revealed that there was a reciprocal relationship between PTSD and military sexual assault and increase substance use disorder (Booth, Mengeling, Torner, & Sadler, 2011; Suris, Lind, Kashner, & Borman, 2007; Suris, Lind, Kashner, Borman & Petty, 2004).

Military Sexual Trauma

In general, women who experience Military Sexual Trauma (MST) were nine times more at risk for PTSD (Decker, Rosenheck, Tsai, Hoff, & Harpaz-Rotem, 2013; Himmelfarb, Yeager, & Mintz, 2006; Suris & Lind, 2008; Suris et al., 2007; Suris et al, 2004). Cases of MST continue to grow, with one in five women reporting having experiences MST (Suris et al., 2007). While only constituting 14.6% of the military, females account for 95% of reported sex crime victims. According to a recent studies have shown that the rate of violent sexual crimes within the military has increased by 64% since 2006. This may be an artifact of increased reporting. Nevertheless, the fear of reprisal and being ostracized from co-workers prevent many women from reporting the abuse. Those who experience personal violence, including rape, are 6.5 times more likely to experience homelessness, especially when compounded by PTSD (National Coalition for Homeless Veterans, 2010). The Centers for Disease Control (2008) argued that approximately 1 in 5 women reported being assaulted by an intimate partner at some point in their lifetime. One study indicated that women who experienced MST were

more likely to become homeless at some point in their life (Himmelfarb et al., 2006). Even more problematic is that among those homeless veteran women who were fortunate enough to receive services, they showed less improvement if they had had been a victim of MST than if they had not (Bucholz, Malte, Calsyn, Baer, Nichol, Kivlahan, et al., 2010). There is no doubt that the relationship between MST and PTSD plays important roles in the propensity for a female veteran to become homeless. When that is coupled with the presence of children or other barriers to adequate housing, such as low paying jobs, the problem continues to grow (Decker et al, 2013).

Overall the health care needs of female homeless veterans are not well understood. Clearly there is a pattern between PTSD and MST that is found among these women (Washington, et al, 2010). It is also clear that MST confers greater risk for PTSD and that this condition is unique to female veterans (Himmelfarb et al., 2006; Suris et al., 2007; Decker et al, 2013).

Housing and Child Care Barriers

According to the Department of Defense, in 2010 more than 30,000 single mothers have deployed to Iraq and Afghanistan, and as of 2006 more than 40% of active duty women have children. For any veteran with dependent children, being identified as homeless creates a threat and fear of youth protective services assessing the situation as dangerous and removing the children from their parent. In general, women with children were found to be in greater need of services than men (Tsai et al, 2014). These women were more likely to access services outside of the military channels (Washington, Yano, Simon, & Sun, 2006). The needs of female veterans with children were found to be

greater and more long-term than their male counterparts (Byrne et al., 2014; Haskell et al., 2011; Leslie et al., 2011; Maguen et al., 2010)

More revealing was the fact that homeless veterans with children were unable to shield their children from problems such as emotional distress, school enrollment problems, and attendance issues (Harpaz-Rotem, Rosehnheck & Desai, 2006, 2009). In addition these mother's own health problems spilled over into the lives of their children further complicating their ability to combat their homelessness problems (Harpaz-Rotem et al, 2006; Harpaz-Rotem et al., 2009)

A recent study done by the Government Accountability Office (GAO) found that more than 60% of organizations with Grant and Per Diem programs (GPD) did not have sufficient resources to provide housing for the children of veterans. Of the 52% that did provide housing, 70% had major restrictions, including the number of children per veteran and age limits. Organizations with GPD programs are reimbursed for the daily cost of housing a homeless veteran. The cost of housing a homeless veteran's child is not reimbursable, creating a cost burden on the program. GPD has proven to be a vital program in transitioning homeless veterans into independent living. Without another funding source, organizations offering transitional housing services will likely face increased financial burdens as the number of low income veterans with children continues to grow (Washington et al., 2010).

Employment and Employability

Homeless female veterans also face substantial barriers to employment. In Fiscal Year (FY) 2010, according to the VA, 77% of homeless female veterans were unemployed. One of the key factors for this larger percentage could be the lack of

accessible and affordable child care. In fact, according to the recent FY 2010 CHALENG report, the VA and community providers ranked child care as the highest unmet need of homeless veterans from FY 2008- 2010. Additionally, many of the skills that women veterans learn during their military service may not translate back to the civilian workforce or may be skills for a predominately male field. Another significant issue for veterans post-separation is the difficulty of translating the skills and experienced gained from their military occupational specialty (MOS) to available employment opportunities. For example, Herbert (1994) found that minorities are generally less likely than their White counterparts to qualify for highly technical MOS positions. This effect is particularly challenging for Black women who face the “double jeopardy” of sex and race in determining aptitude scores, keeping many in general occupational categories. Soldiers that develop general as opposed to specialized skills are less able to transfer those skills into the civilian workforce, thus placing minority women at a disadvantage (Herbert, 1994).

Chapter Summary

Homelessness in the United States has continued to grow despite the government and private funding provided to eradicate homelessness (Patten & Parker, 2011). Veterans are over represented among the homeless population and with the growing female veteran population there has been an increase in the homeless female veteran population (Williamson, 2009). Risk factors for homelessness in the general homeless population include loss/lack of employment, lack/loss of affordable housing, mental illness, substance abuse, domestic violence, education, and family displacements (Haskell et al, 2011; Leslie et al, 2011; Maguen et al, 2010; Street et al., 2009; Vogt et al., 2005) .

The female veteran's population becomes homeless for many of the same reasons as the general homeless populations, but also have risks that are similar to the veteran population (State of Homeless Report, 2013). We know that the risk factors for homelessness among female veterans have been understudied, but in the few studies that were conducted, similar findings were found to the general homeless population with the exception of military sexual trauma and the war induced PTSD (Byrne et al, 2014; Hamilton et al., 2011; Hines, 2009).

The VA has many different programs designed to end homelessness in veterans, and although homelessness among veterans decreased slightly in 2013, homelessness among female veterans is growing. Research regarding the homeless population, causes of homelessness and programs for the general homeless population is plentiful. The current research priorities for homeless veterans consist of identifying risk factors, barriers, and needs to end homelessness for veterans by 2015. Very little research has been conducted with homeless female veterans isolating the independent risk factors (Lehmann, Kass, Drake, & Nichols, 2007; Van de Bree, Shelton, Bonner, Moss, Thomas, & Taylor, 2009) and with more attention paid to how these risk factors play out over the homeless period.

The next chapter will detail the research methodology to be used in this investigation. It will also explore the particular advantages and disadvantages of using such an approach with a highly transient community.

Chapter 3

Research Methods

In order to determine the experience of homelessness to female homeless veterans and the risk factors one must examine many facets of homelessness, and the services or programs necessary for ending their homeless situation. A phenomenological and descriptive qualitative study was conducted. The study was conducted in Midwestern community, with participants being recruited from the metropolitan area and throughout two connecting Midwestern states. The participants in this study were limited to homeless females with prior military service who were veterans and over the age of 18. Once inclusion criteria was met and informed consent received, a private audio taped interview was conducted using a semi-structured interview tool. Demographic data was collected. Ten homeless female veterans participated in the research study. Taped interviews were transcribed in the words of the participants and reviewed prior to each new interview by the researcher and another committee team member. Codes and themes were extracted from the interviews to determine the experience of homelessness to the participants, personal risks, and resources needed to end their homeless situation.

Research Design

Qualitative research attempts were used to understand the life experiences or world view of the subjects in order to fully understand the phenomenon under investigation. There were several different qualitative research methods and the method should be determined by the problem to be studied (Sandelowski, 2010). Popular qualitative research methodologies consist of 35 phenomenology, grounded theory, ethnography and discourse analysis (Nicholls, 2009). All of these qualitative

methodologies were reviewed prior to determining which methodology was appropriate for exploring homelessness among female veterans. There are a host of approaches that relate to my theoretical/philosophical perspectives that can be used by me as I try to determine the best research methods for my topic area. I know that the ultimate method used should be determined by the problem to be studied (Sandelowski, 2010). One of the qualitative research methodologies that can be used to explain homelessness among female veterans consist of phenomenology (Ryan-Nicholls, 2009).

According to Lester (1999) the object of phenomenological research is to draw from other people's experiences. Phenomenological researchers figuratively live through their subjects so they can better understand the meaning of their experiences. Phenomenological research poses inherent challenges, as lived experience descriptions are never identical to lived experience itself. Thus, even if lived experience is captured right at the moment, it is already transformed. For their part, researchers employ a variety of qualitative research methods to best preserve life meanings. By using this qualitative methodology it was deemed most appropriate for exploring homelessness among female veterans. It would appear there are a host of others, but none of the other approaches were deemed as appropriate given the focus of exploration of risk factors and resources necessary to end the homeless cycle among female veterans. By using a qualitative phenomenological method the phenomena of interest is explored with the participants using a specific framework (Parse, 2001). To reflect a phenomenological perspective, researchers do not elicit individual viewpoints simply for the sake of compiling personal perspectives. Rather, the aim is to collect examples of subjective experiences to reflect on their inherent meanings. Such reflection has a practical value: it

enhances perceptiveness, increases understanding and fosters a greater sense of tact in human relations. Ultimately, phenomenological research benefits society, as it exposes underlying issues and creates a forum for people's voices to be heard. This approach has distinct advantages to both me as a researcher and to the subjects who will be free to advance or retreat from topics as they see fit (Baxter et.al, 2004).

Identification of Sample

A purposeful sample of ten homeless female veterans was used for this study. Purposeful sampling was used to obtain a sample of cases that will provide information specific to the study criteria (Sandelowski, 2000). Female homeless veterans were a small, yet growing population and can be difficult to identify. In order to identify participants, a flyer (Appendix D) was developed by the researcher describing the study and how to participate. These flyers were posted in the homeless veteran social worker's offices in Leavenworth Kansas, Kansas City Missouri, work force partnership, and other non-profit agencies that provide homeless services in the area and Salvation Army offices. Although a minimum sample of six to ten participants was originally set, interviews were conducted until data saturation was achieved. Data saturation is considered the point to where additional interviews are not expected to reveal new information (Brod, Tesler, & Christensen, 2009). To determine data saturation, a grid of major themes were developed by the researcher and reviewed by a qualitative expert per research protocol. This grid was developed after the first interview, added to with each interview as new themes emerged and reviewed prior to each subsequent interview. The process of developing a data saturation grid is described by Brod, Tesler and Christensen (2009) and is designed to assist in determining data saturation.

Inclusion criteria consisted of being female, veteran, considered homeless, over 18 years of age and able to understand and sign the consent form. Veteran was defined as one having served in the Armed forces to include Army, Air Force, Marines, Navy or Coast Guard or reserves and received honorable discharge from service. Homelessness is defined as being without a roof over one's head, living in a shelter or transitional housing, with a friend or family, in the domiciliary homeless program or in an automobile. Exclusion criteria consisted of acute physical or mental illness requiring transportation to a treatment facility. The researcher watched for signs of acute psychiatric problems such as inability to focus, talking to oneself, paranoia, disclosure of thoughts of suicide or harming oneself. Any of these signs excluded the veteran from participating in the study and assistance would have been sought if necessary.

Description of Setting

The settings for the interviews varied due to agencies and size of the locations in the large MidWestern community. This researcher worked with a host of homeless services non-profits, faith based and other community partners providing medical, food, hygiene, substance abuse treatment, and employment services for the homeless population. The metropolitan community and area networks conduct a point-in-time homeless survey each year to determine the demographics and needs of homeless persons in the metropolitan area. By conducting the (PIT) determines possible funding sources for communities. The point in time surveys which were conducted throughout the nation are not an accurate count of the homeless population, but are used to estimate the homeless population and their demographics.

In 1993 the VA began Project CHALENG for veterans. This program is designed to enhance services provided by local VA health care facilities and their local community agencies. CHALENG provides an approximate count of homeless in the area and is conducted each January. Although the count is only “point in time” and is not a true count of homeless veterans, this count is used to determine the number of homeless veterans in the metropolitan area. In January 2010, the estimated number of homeless veterans in metropolitan area was 365. 3% of which are female. There are a total of 55,882 female veterans in the large MidWestern community (United States Department of Veterans Affairs, 2010).

Data was collected during private audio taped interview sessions, each lasting approximately one hour and a half. Demographic data was taken on ten female veterans; the collection from each participant was used for sample description and eligibility status. A qualitative interview was conducted using a semi-structured interview tool for the ten participants for this study.

Demographic Data

Each participant was required to fill out the demographic data form (Appendix A). Demographic data for each participant included age, race, highest education level, marital status, branch of service, period of service, length of service, length of homelessness, and number of times homeless. The demographic questions are questions that are typical of any demographic data form for research with the homeless population. Receipt of this information answered questions about veteran status to ensure the participant met age criteria, and provided information as to how long and how often they

had been homeless. This information provided the sample description and eligibility status.

Qualitative Interviews

Interviews were the main data collection approach in this qualitative research, using phenomenological and exploratory methods. During the interview, reflection, clarification and requests for examples are often employed to fully understand the experience of the participant (Flood, 2010). One of the advantages of using interviews is that they draw from the participant a true picture of the participant's experience, leading to a shared understanding of the phenomena (Mapp, 2008). A semi-structured one-to-one interview process, guided by an interview tool, was used (Appendix B). The interview tool consisted of one main question for each area to be pursued with potential follow-up or clarifying questions. These follow up or clarifying questions were asked of each participant unless they talked about the subject without being asked. A semi-structured interview was used as this process allows one to begin with specific themes or questions to guide the interview, yet maintains the flexibility to pursue new or interesting leads or themes (Banner, 2010).

The questions on the semi-structured interview tool were derived from the literature review search and were designed to obtain information about risk factors from both personal and community providers. Information regarding health status prior to becoming homeless in contrast with the participant's health status after becoming homeless was also discussed as well as where they normally receive their healthcare. The overarching question was the meaning of homelessness to the participant. Probing

questions were added to the interview tool to allow clarification and assist with gathering responses.

Procedure

Once IRB approval was gained from Kansas State University, a flyer describing the study was provided to VA homeless social workers, services providers working with homeless populations throughout the large Mid-Western community. Salvation Army offices, local homeless shelters in the Kansas City Metropolitan area were all solicited to locate the female veterans. All VA homeless social workers, and other homeless services providers were all provided with and description of the study, flyer, copy of the consent of release, and a description of the inclusion and exclusion criteria. The staff members in all areas were asked to provide the flyer to female's veterans in their programs and that met study criteria. The researcher met privately with the veteran either in one of the homeless services provider's office in the metropolitan area or non-profit office, or conference room to describe the study and determine if the interested female veteran will qualify. Once the participant was approached about the study, found to meet inclusion criteria, and stated interest in participating in the study, an informed consent was obtained in private area. Prior to taped informed consent, the purpose of the study, explanation of the procedure, assurance of confidentiality, compensation for participation and how to withdraw was explained. All questions from the participants were answered and then the participants received time with the consent form to decide if they were interested in proceeding. The researcher ensured the participant understood the purpose of the study, risks and benefits, how to end the interview or skip any question and how to dis-enroll in the study. Each participant was asked to explain to the researcher their understanding of

the study, why it was being conducted and risk factors for participating prior to beginning the interview. All participants were referred by a homeless veteran social worker, non-profit agencies or mental health staff, all met the inclusion criteria, and agreed to participate, and thus will be enrolled in the study. After the potential participant had decided she wished to participate in the study and eligibility was determined, a consent form for use of voice recordings (Appendix C) was signed by the participant and researcher. Verbal consent to participate in the study was audio taped, transcribed and is maintained in the researcher's files. Each participant was given, an IRB approved short-form, per research protocol, which provided them with information on how to reach the researcher should she have questions at a later date (Appendix E). The approved short form was provided to the participants rather than a copy of informed consent which would normally be provided to research participants at a variety of homeless facilities in the Kansas City Metropolitan community. This short form was required due to the vulnerability of the participant. To maintain consistency in data, only the researcher will conduct the interviews.

Interviews were conducted from August 10, 2014 through December 10, 2014 with homeless female veterans from the large MidWestern metropolitan area. Data were collected in private offices (previously described) to ensure confidentiality. If family members were present with the veteran, they were asked to wait in the waiting room. All interviews were taped by the researcher after ensuring the participant consented to taping. It was explained to the participant that notes would be taken by the researcher during the interview, these notes were reviewed as the audio tapes were transcribed and prior to next interview for clarification. The notes were maintained in the researcher's file for future

audit trail. At the end of the sessions, the participants were asked if she had any questions or wished to review her interview. Once the participant stated she had no further questions she was provided with the short form and given a \$30 Wal-Mart gift card for her participation. She was informed that she may contact the researcher at the number on the short form should she think of any questions or wish to dis-enroll in the study even after the interview have been completed.

Rigor and credibility with qualitative research has been a concern and many scientists question the scientific merit of qualitative research (Ryan-Nicholls, 2009). Yet, there are methods to increase credibility and dependability in qualitative studies. Keeping field notes is one method to increase credibility, as they become an added data source, and can be used as an audit trail for coding and theorizing (Tuckett, 2005). Field notes were used during the study; they were reviewed during data transcription and are maintained along with the consent forms and original audio tapes.

After each interview, the researcher discussed her thoughts on the interviews and themes with another member of the team or major professor. The researcher discussed major themes that she extracted from the interviews to determine if the expert agrees with the themes and/or saw new directions to pursue. This procedure was conducted for inter-rater reliability. Prior to beginning a new interview the researcher reviewed previous transcribed interviews and field notes, listened to taped interviews, and reviewed previous themes.

Ethical Considerations

There are federal regulations that apply to conducting research with vulnerable populations. These regulations are designed to protect vulnerable populations from the

research abuses that previously occurred, such as the Tuskegee syphilis study. These regulations were put into place to provide extra scrutiny and protection during the consent process (Beattie & VandenBosch, 2007). The basic foundations for ethical research, as described in the Belmont report, are respect for persons, beneficence, and justice. Respect for persons entails treating each person as an autonomous person and providing protections to those with diminished autonomy. Informed consent must be obtained from each participant. Informed consent allows the participant the time to determine if she wishes to participate in the study, have all questions answered, and must not feel pressured or coerced to participate. All participants involved in this study were provided information which included description of the study, risks and benefits of the study, a statement regarding the voluntary nature of participation, the researcher's name and contact information, who to contact for questions or information, how to dis-enroll in the study, medical liability of the VA should problems arise from the study, and what is required to participate in the study. Each participant was provided time to ask questions of the researcher and the researcher read and reviewed the consent for clarity and transparency, ensuring that the participants are fully aware of the study and their participation between the consent and beginning the interview process. Each participant was instructed on how to dis-enroll or discontinue participation in the study if desired and was given a short-form (Appendix E) with the researcher's information. Interviews did not begin until the participant had asked all questions she wished to ask, with no further questions, and the consent for taping had been signed.

Potential Risks

Risks to the participants were minimal but included reliving upsetting circumstances during the interview process as well as risk of identification. Emotional risks were minimized by the participants' right to refuse to answer any question or stop the interview. Participants were notified prior to the interview that they could refuse to answer any question that they did not wish to answer. If any of the veterans became emotional during the interview, at that point the tape was stopped to allow them to regain composure and/or stop the interview. They were asked if they wished to discontinue the interview or not answer the particular question. They were asked if their social worker/case worker should could be contacted by the researcher. If the need arose, a break was taken until they determined they were ready to continue. At that point the interview resumed with assurances from the researcher that they could stop at any time or refuse to answer any question that was upsetting to them.

All interviews were conducted either at a facility where the veteran lived or in a private conference room at the non-profit agency location and other social services provider's offices. Information was available regarding referrals to a mental health provider if necessary, veteran's resources and community services organizations. In order to decrease risk of identification, no identifying information was collected other than the consent for audio tape, which will be maintained in a locked cabinet in the researcher's office. Demographic data was reported in ranges to decrease the likelihood of identification. Each participant was given a fictitious name to further decrease the likelihood of identification and those fictitious names were used throughout the study.

Potential Benefits

Benefits to the participants include the opportunity to tell their stories and have a sense of giving back to others. Risks for homelessness and services that are necessary to assist homeless female veterans in breaking the homeless cycle may benefit others as this information may assist the Veterans Administration and other community partners that are providing homeless services resources for homeless female veterans.

Qualitative Data

All interviews were taped and the original tapes are maintained by the researcher. Each interview was transcribed and reviewed several times for themes or codes prior to the next interview (Flood, 2010). A field journal was kept by the researcher to allow documentation of observations, relationships, or impressions which were used during data analysis. Maintaining a reflective or field journal has been shown to be a strategy to facilitate reflexivity, as well allowing examination of personal assumptions and goals or increase transparency in the research process (Ortlipp, 2008). Prior to each new interview, the previous interview transcripts, audio tapes and identified themes were reviewed by the researcher to assist in refining further interviews and ensuring consistency in the interview process as well as true data saturation. A grid was developed and expanded after each interview was transcribed and used for theme/code identification by the researcher.

Method and Procedure for Data Analysis

Data analysis was conducted by the researcher without the use of software other than Microsoft Word. All taped interviews were transcribed verbatim by the researcher. Transcribing the interviews required listening to the interviews over and over to ensure

each word was captured and inflection of voice was noted on the transcripts. Transcribing the data herself allowed the researcher to become completely immersed in the data. Once the transcripts were completed, the researcher read and re-read the transcripts while listening to the audio tapes to acquire a feeling for the participants and their comments. Data were then examined line by line. The researcher underlined and extracted significant statements that were considered pertinent to the phenomena being described. The statements were the beginning of themes or codes, which will be re-reviewed with the original transcripts for further refinement. Once themes were identified, the transcripts were be further reviewed for connections or meaning from the participants. A grid was developed by the researcher based on the themes and subsequent codes, which will be reviewed before and after each interview. Themes were organized by research question and concepts from the modified framework which guided the study. Using a qualitative researcher was necessary on the research protocol who met with the researcher after independently reading each of the transcribed interviews to reach inter-rater reliability and discuss agreement with themes/codes and data saturation. This procedure of data analysis is very similar to data analysis used by Martins (2008) in her descriptive, phenomenological study of homeless person's experiences in the health care system. An audit trail was maintained through use of the researcher's field notes, transcribed interviews, and audio tapes. All remain available for further data analysis and are considered an acceptable source for an audit trail (Tuckett, 2005). The field journal, transcribed interviews, and audio tapes were maintained in a locked cabinet in the researcher's office. The qualitative researcher was provided access to the field notes, audio tapes, and written transcripts.

Summary

Homelessness among the female veteran population continues to grow.

Understanding the meaning of homelessness to this population, risk factors and resources necessary to end homelessness may assist Veterans Administration and community homeless services providers. By gaining information and designing programs that meet the needs of this female veteran population will only continue to align appropriate services to eradicate homelessness.

This theoretical framework was designed to explore the meaning of homelessness from the female veteran's perspective, risk factors for homelessness and resources necessary to end homelessness. In order to obtain this information a qualitative descriptive study was conducted with a sample of female veterans from a MidWestern area. Participants were all referred by a host of agencies that provided homeless services to veterans. All of the interviews were conducted in the facility where the female's veterans were provided services in an office or designated desired location in the facility by the veteran. All interviews were transcribed by the researcher and reviewed by a committee member for reliability. Interviews reached saturation after the ten interviews were completed with the ten participants and no new information was received. The themes were all aligned by the literature review, research questions as they aligned with the modified framework for studying vulnerable populations, which guided the study. The risk factors revealed toppled with the necessary resources can provide guidance on identifying and eradicating homelessness amongst the female veteran population.

Chapter 4

Results

While working to move people out of homelessness, we must be ever vigilant to ensure that they do not fall back into homelessness. The threat of homelessness most often occurs when a household has insufficient resources to cover basic costs—most notably the price of housing. Unemployment, a health crisis, or strains in family relations are other common causes. This study explored the meaning of homelessness from the perspective of female veterans. Most households vulnerable to homelessness are those with no income or those earning significantly less than the federal poverty level.

To help explore this phenomenon a qualitative study was conducted in a metropolitan community using a modified framework for studying vulnerable populations. Participants were able to describe the meaning of homelessness from their perspective, detail the effects resources or lack of resources play to prevent or end their homelessness, and the risks factors that lead them to their current homeless state. Persons living on a fixed income, particularly adults disabled by mental illness are especially vulnerable to homelessness.

Qualitative interviews were conducted until data saturation occurred to the point where no new information was generated. I interviewed the participants and uncovered a series of themes surfaced. The interviews typically ran from 90 to 120 minutes. They were audiotaped and transcribed by me. The findings were reported using words from the participants, arranged as the themes emerged, and organized to support the findings. All of the participants selected a pseudonym for the study to encourage confidentiality and protect their identity.

Participants Characteristics

The participants in the study were homeless female veterans. The female veterans lived in a host of environments from living in a homeless shelter, veteran's administration supportive housing, and a housing complex exclusively for homeless veterans. The female veterans met the requirements and signed an informed consent for the audio taping. A total of ten homeless female veterans ultimately agreed to participate in the private semi-structured interview sessions. Inclusion criteria consisted of being a female veteran, and that the participant must: (a) be considered homeless; (b) over 18 years of age; (c) able to understand and sign the consent form and; (d) being willing to participate in a 60 to 90 minute interview. Veteran status was defined as one having served in the any of the United States Armed Forces—these included, Army, Air Force, Marines, Navy, and Coast Guard or reserves; and they had received an honorable or less than honorable discharge from service. Homelessness was defined as being without a permanent roof over one's head, living in a shelter or transitional housing, with a friend or family, in the domiciliary homeless program or in an automobile. All ten participants were referred by a homeless case manager or social worker from four community agencies that work directly with veterans and community homelessness in the large Mid-Western Metropolitan area. In the initial application the request for seven to ten participants had been solicited and from August of 2014 to December of 2014. The final count yielded ten fully qualified participants.

The participants all made the initial contact to arrange for a time to meet and review the consent form and ask any questions of the study. Before the interviews were conducted the participants were informed of the confidentiality and were assured that

their identity would remain secured and no personal information would be used to identify them in the study.

Table 4.1 presents basic demographic information on the participants, including each participant's chosen pseudonym. Descriptive data on age ranged from 48-63 years, with a mean age of 53.3 years. Four (40%) of the participants were White and six (60%) were Black. Eight (80%) of the females were divorced, one (10%) was never married, and one (10%) is currently married. Nine (90%) of the females were unemployed, and only one (10%) was working, but only in a part-time job. Seven (70%) of the females had at least one child, and three (30%) had no children at all. Nine (90%) of the females had a high school diploma, one (10%) had a GED. One (10%) reported having a bachelor's degree, while four (40%) had at least one year or more of college. Six (60%) females reported their religion as Baptist, two (20%) are Catholic, one (10%) Protestant and one (10%) indicated that she sees herself as Christian.

Table 4.1 Selected Demographic Characteristics of Female Veterans

Female Veteran	Age	Race	Marital Status	Employment Status	N of Kids	Highest Education Level	Religious Preference
Veronica Black	48	Black	Divorced	Unemployed	1	2 years of college	Baptist
Trixie Star	50	Black	Divorced	Unemployed	0	High School Diploma	Christian
Sheniqua	51	White	Married	Part-time	4	1½ years of college	Catholic
Tequila	51	White	Divorced	Unemployed	1	High School Diploma	Baptist
Nona	51	White	Divorced	Unemployed	3	Associates Degree	Baptist
Susan	51	White	Divorced	Unemployed	1	High School Diploma	Baptist
Ms. Prissy	54	Black	Divorced	Unemployed	0	GED	Baptist
Taz	55	Black	Divorced	Unemployed	2	Bachelor's Degree	Baptist
Lu Jones	59	Black	Divorced	Unemployed	2	1 year of College	Protestant
Michael	63	Black	Single/Never Married	Unemployed	0	High School Diploma	Catholic

Military associations among the female veterans are found in Table 4.2. It includes information on their branch of service, their occupation while in service, years of service, discharge reasons and time since service lapsed. Five (50%) served in the Army, two (20%) in the Navy, two (20%) in the Air force and one (10%) served in the Marine Corps. Among the military occupational specialty (MOS) three (30%) worked in the communications field, three (30%) worked in administration, two (20%) worked in supply, one (10%) worked as cook and one (10%) worked in finance. Years of service was reported in ranges protecting the identity of the veterans not singling out direct years of service with five (50%) serving between one and three years, three serving between six and ten, and two (20%) serving one to six years. The veterans listed their reasons for discharge, seven (70%) transitions—just changing their life from military to civilian, two (20%) military misconduct, and one (10%) to raise a family. In terms of health insurance nine (90%) had a VA medical card nine and one (10%) receives medical care from free medical clinics. The years the female veterans had been out of the military ranged from 16 to 37 years.

Table 4.2 Selected Demographic Characteristics of Female Veterans Military Service

Female Veteran	Service Branch	Military Occupational Specialty	Years of Military Service	Reason for Discharge	VA Medical Card	Years out of Service
Veronica Black	Air force	Communications	6-10	Transition	Yes	16
Trixie Star Sheniqua	Army	Supply	1-3	Transition	Yes	33
	Army	Administration	1-3	To Raise a Family	No	31
Tequila	Army	Communications	1-3	Disciplinary/ Misconduct	Yes	27
Nona Susan	Navy	Cook	1-6	Transition	Yes	27
	Air force	Finance	1-3	Disciplinary/ Misconduct	Yes	
Ms. Prissy	Army	Administration	1-3	Transition	Yes	32
Taz	Army	Supply	6-10	Transition	Yes	28
Lu Jones	Marine Corps	Administration	6-10	Transition	Yes	26
Michael	Navy	Communications	1-6	Transition	Yes	37

Relevant factors about female veteran's homelessness are found in Table 4.3.

Some of the issues included; their number of homelessness episodes, length of homelessness, and the resultant health issue. Participant's factors influencing homelessness is reported in ranges rather than specifics to assist in decreasing the likelihood that the participant will be identified.

Seven (70%) reported being homeless between one to three times, two (20%) being four to six, and one (10%) being homeless over ten times. Length of homelessness ranged from three (30%) one to three times, five (50%) with one to five times, one (10) six to ten times, and one (10%) six to ten times. The health risk factors included physical disability, substance abuse, mental illness, childhood trauma. Six (60%) of the veterans reported mental illness, five (50%) reported substance abuse, four (40%) had a bout with childhood trauma, and four (40%) are currently dealing with a physical disability. The discernible differences noted in the health risks revealed that three (30%) of the veterans had at least three health risk factors, and three (30%) had at least two health risk factors.

Table 4.3 Factors influencing Homelessness

Female Veteran	N of Episodes Homelessness	Years Homeless	Type of Valid ID	Primary Transportation	Current Health and Medical Issues
Veronica Black	4-6	6-10	State ID	Bus Pass	Mental Illness (Anxiety)
Trixie Star	1-3	1-3	Driver's License	Bus Pass	Substance Abuse, Mental Illness, Childhood Trauma
Sheniqua	1-3	1-5	State ID	Bus Pass	Substance Abuse, Childhood trauma
Tequila	4-6	1-5	State ID	Bus Pass	Substance Abuse, Childhood Trauma
Nona	1-3	1-5	Driver's License	Bus Pass	Physical Disability, PTSD
Susan	1-3	1-5	State ID	Bus Pass	Substance Abuse, Mental Illness, Physical Disability
Ms. Prissy	10+years	10+	State ID	Bus Pass	Substance Abuse, and Mental Illness, Childhood trauma
Taz	1-3	1-5	Driver's License	Bus Pass	Physical Disability
Lu Jones	1-3	1-3	Driver's License	Bus Pass	Physical Disability
Michael	1-3	1-3	State ID	Bus Pass	Mental Illness

The presence of multiple health risks points toward an increasing vulnerability among the respondents. Their military status did not buffer them against the many hardships faced by homeless people in America.

Summary of the Interviews

Each participant provided an actual account of their homeless experiences. A variety of emotions, past memories, military connectedness, family and community, as it directly impacted their current homeless state were described. Transcribing the interviews brings to life the depth and understanding that could only be revealed by listening to the voice of homeless female veteran. While each homeless experience varies, the summaries provide an overview by pointing out themes and actual accounts of these veterans lives. In the next section a summary has been provided from each of the female homeless veterans by chronological age. Some of the respondents chose to be recognized by two names rather than by one, still others chose to add a handle (e.g., Miss) to their name. This choice is an important one as it serves as a more subtle indicator of how the women view themselves despite their homelessness. The ranges presented in the study are designed to decrease likelihood hood of being identified. Due to the numbers and lengths of quotes, headings were placed at the beginning of various quotes to provide clarity to the topic.

Veronica Black

Veronica was the youngest of all of the participants at the age of 48; she is a Black female with some college education. She served in the Air Force for six to ten years, and was married once to a fellow Airman and divorced him prior to being

discharged from the Air Force. She had one daughter from that union. Veronica basically raised her daughter as a single mother. She gave credit to the Air Force for providing her with a job working in communications that transferred well in the civilian community and she has had many jobs in related fields. She is a Desert Storm/Desert Shield Era veteran and due to her time overseas experienced PTSD. She said that while stationed in her unit where they were constantly under attack she felt very afraid and currently suffers from anxiety. Ms. Black also reported that her Air force job in communications was extremely demanding and required that she be on-call 24/7. The demands from her job, coupled with raising a child as a single mother made it difficult to serve in the military.

She reports having the Veterans Administration medical as her primary source of medical care. While employed in a previous job she had two months of private health insurance. When asked what homelessness meant to her she replied.

Homelessness means that I don't have a permanent place to stay always and regardless of how my behavior. I am in jeopardy ah, due to rules, regulations, of losing the place where I am staying. It would be great to have a place for my daughter, who's about to graduate next year to have some place where she can actually visit me with no rules and regulations, or curfews. Um, where I can invite other family members to come have a meal with me. Rather I am always the one that has to go out and visit them. It's stability for me! It's that thing that I feel I have earned! But it hasn't caught up where I am....

Veronica spoke very candid about resources in the community and how they impact each person differently. She shared if you do not have a drug or alcohol problem, you do not want to tell someone that you are homeless. If you have a drug or alcohol problem they understand drug abuse and can see the outward signs. If you have gotten into prostitution, drugs and alcohol or mental illness or disabled they cannot understand why a person would be homeless! Because those things do not directly impact her personally she shared:

People are more helpful to you, but when you are healthy and educated, a lot of things that get me into trouble is I am articulate. When I talk to somebody about my situation they don't understand why I am here so I do not seek much help. As a person that doesn't appear to have a lot of issues going on. So I have a lot of case managers that let me do things on my own and I have taking advantage on some programs that is probably why I have been in the system this long. I have all the information. I am an information person, but that doesn't mean much, I need the authority and the presence of someone that can speak on my behalf because I do not hold a position of authority, where I can get things done like that.

Veronica reported that there are variables that are related to housing and homelessness among veterans in the metropolitan community where she lives. She stated, "you have the confidence in the military because you know how to do things, you are aware of how things work". Once you become homeless there is a different set of rules. She spoke of living with a relative, and she realized that her four to six episodes of homelessness had left her institutionalized. She would take food to her room with her name on it, spending time by herself, not telling her relative where she was going because she didn't have to sign in and out.

There is a thought process of being institutionalized no matter how long you have been in that homeless situation. When you are in shelters and transitional living programs no matter how long you have been there, you have people telling you to get your medication; the staff will tell you, that you can leave anytime.

Veronica also shared that she doesn't think anyone wants to be homeless! "Nobody wants to live in a shelter, nobody wants to say that." "The general public has a perspective of bed bugs, mentally instability, they have been prostitutes and they have that view". She also stated that staff at the homeless shelters talked to her with disrespect. They made comments like "there is the door, and I have a right to complain without the staff telling me I can leave at any time." She felt that if the roles were reversed, that she and the staff would be peers in any other part of the community. She felt that she would be treated with much more respect; however, she is treated differently

because she lives in the shelter. “They automatically feel that they needed to hide their purses”. She would tell them that everyone that is homeless doesn’t steal and they do take baths. “They wouldn’t know that average person was homeless unless they tell you.”

Trixie Star

Trixie is a 50 year old Black female. She served in the Army for one to five years. She was married once to an Army soldier and divorced him in 1999, after 12 years of marriage. They did not have any children. She worked in the supply area but reported never, working in her actual military occupational specialty; because she had clerical skills and she became the clerk typist for her unit. She has a driver’s license and she receives all of her medical care at the veteran’s administration. When asked what homelessness meant to her she stated,

Aah, you don’t have your own key to get into your (um) place. Sometimes you, I haven’t been that fortunate yet where I had to sleep outside. But aah, when some people say they are going home. I actually never lived in a shelter but for one night. And I enjoyed it because me and my husband were going through some things and I chose a shelter rather than a hotel so. If I had a child I would do anything not to have my child in that situation.

Trixie also reported history of domestic violence and of substance abuse which led her to relocate to her current facility. She stated that she could live with other people but that was not a good idea in her position. She stated that the people she lives with “may get mad if you lay your toothbrush somewhere;” she spoke about having an ex-boyfriend that she could go back, to but that it was not a good relationship. She stated that he does drugs and that she acknowledged that she is an alcoholic. Trixie spoke about waking up in the middle of the night and there would be 10 people sitting in her living room. “She said she would wake up and go back to bed, because it wasn’t her house.”

Her boyfriend paid all the bills. She reported going into treatment to get away from the toxic environment. Trixie believed that the next place she goes to will be a place where she doesn't have nightmares and she can go to sleep at night. She stated that being in an abusive relationship where the man is the bread winner and she is living in his place is not a good mix for her. She hopes that her next place she can live on her own, she wants to live by herself. She doesn't care if it is a "box"; she doesn't want somebody to say "get out when we they have a fight . . . every time it's her fault."

She reported drinking at a young age. "They let you drink at 18, overseas, here in the states I couldn't drink until 21, but overseas you can drink! I just like drinking, when you are 18 and away from home it's like a party. I couldn't have a boyfriend until I joined the Army."

Trixie also reported that she does not think that drinking had anything to do with her homelessness. She recanted by saying "in a way it did". She stated that she got divorced in 2004 and she started alcohol abuse treatment. She spoke about seeking substance abuse treatment through the veteran's administration. She also stated that "she hasn't worked in two years." Although Trixie has been applying for jobs and she said she is not illiterate or anything like that, she feels that she has skills, and that the job market is very difficult with so many people applying for jobs. She also attributes the lack of transportation as one of barriers as to why she does not have a job. Trixie would like to work in the home health field; however, she is limited due to a lack of transportation.

Nona

Nona is a 51 year old White female that served in the Navy between six and ten years as a cook. She was married five times and the second husband was also a sailor in the Navy. She had three children with her second husband. She went back to school and received an associate's degree in the healthcare field. Nona reports having a driver's license and received all medical care through the veteran's administration. She was married to her first husband until he died. Nona then married again and it was with her second husband nearly 18 years. It was a tumultuous relationship. He received a bad conduct discharge owing to her testimony against him. They were eventually divorced. Before their divorce was final he met and married another woman in four months and left her with three children. Nona also reported additional marriages to her third and fourth husbands was less than a year each and that the fourth husband was not legally divorced from his wife at the time so that marriage lasted one month. She married once again but soon divorced what would be her fifth and final husband. When asked Nona what homelessness meant to her, she replied;

Fear, not knowing what you are going to do, where you going to sleep, if someone going to bother you, hoping that you will make it to the next day. (tears) I was in a program, and it was sponsored by a non-profit organization. I lived in an apartment over there with three other veterans, and they basically took us from nothing and gave us an apartment and didn't have to pay any rent um, lived there after about a year and that program ended. So I moved back to another state.

Nona reported having success in securing a job in the civilian community in the food industry where she had worked as a dietary cook in a nursing home. She also worked as an assistant dietary manager at a psychiatric center, a complete lock down facility, and she would eventually become the dietary manager. She was fortunate in transitioning from the Navy and finding a good job in the civilian community. After all

of her years of working she contributes her homelessness to not being able to hold down a steady job due to health considerations.

She speaks positively about her childhood; she is the one of seven children. Her mother and father were high school sweethearts and her father joined the Air Force. Nona's parents were married for 60 years, and had 51 grandchildren. Her mother passed away in June, and her father passed away in October of the same year, 2013. She suffered two devastating losses, a divorce from her fifth husband, and shortly afterwards she became homeless in the same year. The triple effect of these events contributed toward Nona's mental health and stability which also factored into her homelessness.

Susan

Susan is a White female age 51 she served in the Air Force one to five years, and worked as an accounting/payroll clerk. She was married twice and in her second marriage she had one child. She has a high school diploma and had aspirations to further her education. Susan receives all of her medical care through the veteran's administration. She reports one to three episodes of homelessness. When asked what homelessness means to her she replied:

Homeless is you have no bed to crawl into, no bed to sleep in. You have no permanent residence, and homelessness to me means that everyone looks down their noses at you. I don't know why I feel that way but I do. Maybe it's just my pride talking. But homelessness to me means begging people to let you stay there and having to put up all kind of crap, excuse my language, but crap that I wouldn't take otherwise, that is what homelessness means to me.

Susan spoke very candidly about her military discharge and stated that it "took the Air Force three and a half years to determine that I was not fit for the military." When she got discharged she came back to her hometown. She ended up being homeless until 1997. Susan had been in trouble during peace time as well as during her military time

until the Air Force ended it all by granting her a general discharge with honorable mention. She also stated that “if I hadn’t been so lazy I had 120 days to have my discharge upgraded to an honorable, but I just blew it off.” She shared something’s about her medical situation and is grateful to receive all her medical through the Veteran’s Administration. She has two arms bands, knee brace, cane, and walker. Susan stated that being female veteran did not impact her homelessness. Susan believes that “she has never been a responsible person and even now at 51.” Susan admits that a couple of times she contributed to her homelessness, because she didn’t pay her rent, and by not controlling her temper and assaulting her roommate who served as her primary support has left her in this current homeless state. She has hopes to resume her life with her old roommate. She shared how she gave up custody of her son so he would have a better life.

For his mother to be such a screw up he turned out great. He is very close to his dad, when her son was with his dad and stepmom practically raised him. I was on Methamphetamine and cared more about the drug than him. His dad has a good paying job. It somehow clicked in my head that he would be there off with his dad, then with me. Not sure if I made a sacrifice, a lot of people look at me and said I should have given up the drugs instead giving up of him. I didn’t see it at the time. I was beginning to see it at the time. I was being evicted and that wasn’t a good place for him to be. So I gave up voluntary residential custody of him to his dad. I ask his dad to come and get him because I am moving. And it’s not a good scene for him.

Sheniqua

Sheniqua is a 51 year old White Army female veteran. Sheniqua is very unique because she is the only female veteran that had been married for 32 years. She also married another Army veteran and they have four children. She reports having a state identification card. She is the only veteran in the study that does not receive her medical care through the Veteran Administration. She receives all her medical care from free health clinics in the community. Sheniqua spent one and three years in the military

initially because she got married to her husband and she ended her military career to raise her children. She worked as a personnel clerk during her short stay in the military. She reports one to three episodes of homelessness over a period of one to five years. When asked what homelessness means to her she shared about her years of working, and some of the places where she stayed while being homeless.

Work history and community resources. Aah, I was at rock bottom! I felt really bad after 51 years you know I have worked since I was nine years old. It wasn't called work then it was called chores. In your family's business you know you got an allowance. But you worked, ok, so I have been working since I was nine years old. I have always been able to take care of my family. It was, it was heart breaking to, and it was really a hard pill to swallow to know that we had got to places like I couldn't take care of basic needs of being able to eat. A variety of non-profit soup kitchens and pantries, to get our meals to eat, no way to eat, staying in the park no way to cook no way to do those things.

Homeless shelter experiences. So it's a horrible feeling for me to hear the word homelessness. Then you go to a shelter and you are eaten alive by bed bugs. Where else can they go to sleep, you are talking about 100 some odd people you are putting up in a shelter to sleep. You are giving them three meals, showers, sleep, eat so I guess you have to learn how to live with it, I didn't after my six months was over I was trying to get up and out of there.

Advocating for she and her husband to find appropriate housing. So I hounded these people every day, called them you heard from the housing authority yet? Have you heard from the housing authority yet? I knew they would get sick of hearing from me. I didn't care, if they did not like me, I just wanted him in here (her husband). (She wanted her husband in this transitional program that they are in now) So um, it's just a matter you know, what you would think consider it to be. I know I didn't like it because I was in there with people that, I don't know? They were rough, "It was rough". My kids wouldn't be able to stand it, I am glad that if I had to be homeless it happened to me at this time.

According to Sheniqua her experience with homelessness was strongly tied to mental illness. She spoke openly about her husband's bouts with his mental illness and how it cost her jobs, housing, and family support. She shared how living in a shelter that was infested with roaches and how she had to clean out an apartment with eight trash bags after the non-profit agency had previously cleaned it. She said it was the worst

thing she had seen in her 51 years of living. By placing her husband in a controlled environment, she can go to work, when she leaves for work and her husband stays in the apartment, he only goes to the weight room and talks to people on the floor where they live but he doesn't go out of the building when she is not there.

Husband mental health concerns. It has been a rough road, yea, for me for a while he was disappearing on me, in the woods and hiding out. He thought he was being hunted down by the CIA. I don't know where he would get the thoughts from? But when you are a paranoid schizophrenic it doesn't take much to generate that in you? So I tried to be understanding you know, sometimes it gets to me, like. When I tell him it's going to be ok, and believe and trust what I am telling you it gets frustrating with him because I am like ooh, ooh, (gritting her teeth with a growl) you know.

Concern for safety. You have to be able to trust the person you are with. There for a while I caught him going to sleep with a butcher knife and stuff. He is sleeping next to me with a butcher's knife. Telling my kids that you know, I am worried should I sleep next to him or is he going to freak out in the middle of the night and think I am someone else and kill me? My kids were afraid and everything and said mom you need to get away from him.

Lack of medical resources. And I tell them that he is "sick" you know, when he is on his medication he is fine, the biggest things we needed to get him to a doctor to get his meds. Because the VA didn't want to take care of him and we didn't have no insurance. So I think what happens when he goes into a group of people and just opens fire and kills 20 people and it goes on the news that he only needs medication to prevent this, are you kidding me? Nobody could see fit to write three prescriptions?

Medical Assistance. I am not asking you to pay for them, asking you to write them. They are nothing to get you high. They are mood stabilizers, no street drugs you know, and you making it next to impossible, I found him five times in the last two years trying to kill himself. And I had to take him down against his will and sign him in a hospital, for his own good.

Tequila

Tequila is a 51 year old White female Army veteran she served in the military as supply specialist; she reports having a driver's license and receives her medical care through the Veterans Administration. She served one to five years in the military. She was married once and from that union she had one child, who was raised primarily by the

father. Tequila has a high school diploma. She reports four to six episodes of homelessness. When asked what homelessness was like for her, she replied,

It's scary and horrific experience, scary with some horrific experiences. I got desperate for a place to live and that turned into a rape!

At one recently night before I came in here and my SSVF (Supportive Services for Veteran Families) put me up for three days in a motel so I wouldn't have to go back to that (aah) situation then from that the taxi took me here. And I applied (aah) for this thing (aah) quite a while before I got in here. I didn't get in here because of applying, I found out it was because of my SSVF case manager that got me in here and it was because of the rape thing that she called here and because other pull got me in here earlier than I would have myself. Aah, they kind of have some weight you know, case manager whatever.

Tequila had hopes of completing her time in the military and retiring from the Army. For her it was a career began back in high school.

I had a three year term and "It really meant for it to be a big deal. Like ROTC 9-12 grade go in as an officer. Stay in for 20 years." This is what I wanted to do, I didn't go into the military until 1985 and I graduated in 1981. And I was much older than the population in my squad at the time and what have you.

Um, so I wanted to do that ROTC for 4 years and go in as an officer and get out after 20 and I would already been out 15 years at this point and I would have been sitting happy and pretty a retired officer just looks good anyway, I would have enough money to live on. So I wish I would have done that but I didn't have any support or encouragement to do that in the 9th grade or 8th grade what have, um, I wouldn't be in this predicament right now!

Tequila is grateful for receiving the honorable discharge, they made a special notation on her DD-214 discharge form that she had engaged in homosexual acts and that was the primary reason for her discharge. Tequila said that although the charges were never proven, she never went to court to fight them. She spoke of how the investigators informed the women that were in her unit, that if they testified against her they could be promoted for their cooperation (up-graded rank of another military grade). She also reported that the military informed her that they would not place "engaged in homosexual acts" that they would not place that on her discharge if she just confessed. So she felt

like she had been through a lot and when applying for jobs employers may request to see the actual DD 214 document, when she goes looking for jobs.

Taz

Taz is a 51 year old Black female Army veteran. She served six to ten years in the military as a supply specialist. She reported having a Bachelor's degree in computers making her the only veteran that has an advanced degree in the study. She was married to a former Army veteran and they had two children, divorce after 13 years of marriage. Both of Taz's children are deceased. She choose not to elaborate on how her children died, just they were both deceased. She attributes her strength in her faith in God and that is how she survived the deaths of two children. She has a driver's license and receives all of medical care through the Veterans Administration. When asked what would you say, are some of the actions that you have already done to end your homelessness? She responded:

I put in for my disability and I have hired a lawyer to handle my case. I have written letters to my lawyer when the judge denied me. I didn't get angry; I guess you know just you know it is the system. I have been here since October, 2013 I filed for my disability February 2013. That's how long it took me to not have money. I ran up a light bill of over \$2,000, about \$2,500 dollars waiting until social security said I could move here (Nervous, laughter) I stayed in my apartment with no lights, (nervous, laughter) I had water because it came with the apartment. I had the lights in my name.

When asked to describe how resources or lack of resources have contributed to your homelessness. Taz was very forth coming in sharing about the lack of resources and how they have impacted her homelessness,

Oh, I had a lot of resources, I don't, ain't nobody going to give you no money. They will pay your bills. They will send it in themselves. They won't give you no money, so I just in all I think we need more contributors, those that try to give can to give to those in need. I think there could be a conglomerate, and get together and work together when people sister such and such and we can all come to this

table, work this way to make it comfortable for those out there on the streets. Some people don't have, don't know how, how would I say this? Some people don't come back right, some have the mentality that they are still out in the jungle, some don't want to hear noise, and you have heard so many machine guns and bombs going off. This has messed with them. You come back different after fighting a war. You could be deranged, and they should not be thrown back in society.

She stated when veterans are homeless and they do not have someone to assist them with resources they do not know what to apply for. You cannot lump all veterans in the same category, sometime people give up or get down on themselves and do not want to deal with things anymore, and some people nerves are stronger than others. As far as homelessness, she stated I think with all the crap she had been through, it probably prepared me for this; "the military is not a cake walk!"

Ms. Prissy

Ms. Prissy is a 54 year African American Army female veteran. She served one to five years in the military she reports being married a total of three times, the first husband was also active duty Army and the two other husbands were both African students attending college in the United States. She never had children from any of the unions. She reports an extensive history of being homeless with over 10 episodes and over a 10 year period of time. She worked in a specialized area in the military in administration. She reports having a state identification and receives all of her medical care at the Veterans Administration. When asked what homelessness meant to her she replied, with a variety of fears, experiences, travels, relationships, and childhood trauma.

Afraid of being alone. It means being alone, being frightened, being worrying all the time, not feeling safe, aah, feeling isolated wanting to talk to somebody, and having no one to talk to somebody and having no one to talk to you start talking to yourself after a while you have been homeless on the streets you begin to talk to yourself you. I spent many nights outside of any shelter or anything just walking around trying to past time till morning.

Unable to feel rested. I had to sleep in or stay up all night in coffee shops or try to find someplace where no one would find me, somewhere safe to sleep. Aah, just feeling like I live under the stars they are my roof the sky is my roof. Now I am outside and it's cold its dark I am hungry in are nowhere to turn, no one to turn too, and no one to help me. And here I am and so, that pretty much how it feels to be homeless.

Not being Safe. I when you do get shelter there is things that you have to um, to put up with um rowdy people, shelter life you have to worry about your things getting taking from you, stolen from you. From other people in the shelter. You have to worry about crabs, getting crabs, or lice you know the bedding sometimes has crabs or lice in them, you have to and they kick you out first thing in the morning in the morning and you have to find something to do until you come back into the shelter.

Lack of Hygiene. And it's a rough way to live, it's not fun at all it's hard, very hard, and being so clean also living in the shelter it's not, it's not usually the shelter is not very clean. The bathrooms in particular and I always find myself becoming the cleaning lady of the shelter. Cleaning and bleaching down, if I can get bleach or whatever cleaning supplies that they might have to keep the bathrooms clean and stuff like that.

Ms. Prissy was asked to share what happened after military discharge that led to her homelessness situation. She shared a detailed accounting of how she traveled around the county experiencing several bouts with homelessness along the way. Ms. Prissy offered several sketchy accounts of her homelessness and despite problems she continued to tell disjointed stories where she appeared as the victim.

Relationships acquired to prevent homelessness. Aah, well, I was discharged and then I didn't have a place to live, so but luckily, I had a friend, a boyfriend and so he decided to move off base and rent us an apartment. So we could live together, so we lived together until, we got into legal problems and afterwards we had to go to jail for four months. After we got out of jail we stayed with some friends of his, a family. And but, I didn't feel comfortable there. They were racist; they didn't want me with him. They were White people; he was White guy and so one day when he went to church one Sunday, while he was at church. I walked away, I walked almost walked to town, but I didn't have to walk all the way I did get a ride. I did hitch hiked that day; someone gave me a ride into town. So um, I went back to hometown in Georgia, where I entered service, I entered service there, I went back there.

I didn't stay there, kind of just kind of left there and went to California and lived in California for one year and seven months. Left California and ended up being stranded in Baltimore, Maryland and ended up living in Baltimore, Maryland, and went and ended up in Tennessee and ended up stranded up homeless in a city in Tennessee for about four months.

Nomadic travels over the United States to prevent homelessness. I got my hands on some money and I got myself a bus ticket or train? Bus ticket to a city in Utah, and I was homeless when I first arrived to Utah and I met this young man and he was of a um, Army, Army reservist and so he had a room downtown and I stayed with him until I found, I was homeless, I left him and stayed at a women's shelter in, Utah, and I got, found housing. Actually I stayed with a man from Africa and he wasn't my boyfriend but he let me stay with him in his apartment. His apartment, rooming house got burned down. The people in Utah accommodated us they paid for everything and put us up in a hotel, and paid for our meals, everything they also had us go find in a hotel and for our meals they also had us go find ourselves an apartment wherever we could. They paid our first month rent and deposit and gave us a voucher to buy bedding and essentials and that was in Utah for a year and four months.

Continued travels and depressive episodes identified. I left Utah to a city in Michigan and I was now in Michigan and so then I was feeling suicidal and started seeing a psychologist at the local hospital and I was also feeling depressed that I started feeling suicidal and they ended up sending me to the VA Michigan, the first VA hospital I ever stayed at. And they treated me for my depression and whatever, and the psychiatric problems I was having because I was in that shelter. I found a job as a dishwasher, I wasn't a eight hour job, it was like a six hour job it wasn't an eight hour job, And, I would be like raw and my arms and I would be soaking wet from washing dishes. I would be soaked after work and would still be wet the detergent because I have sensitive skin and me working there made my skin raw and chaffed too. When I got off work I would go to the library is a pretty good place for the homeless to go to the public Library. That is one resource, where a homeless person will end up at the public library. Just a place to hang out and I have done that many of times, and wait for the shelter to open up, It's really a rough life being homeless, not a piece of cake, it's hard, hard, work.

Lu Jones

Lu is a 59 year old Black female veteran of the Marine Corps. She worked in administration for six to ten years. She married another Marine Corps veteran and they had two children. She reports receiving one year of college, and has worked in the

housekeeping and home health field. She has a driver's license and has all of her medical care through the Veteran's Administration. She reports one to three episodes of homelessness and a period of below one year as a homeless veteran. She has lived with family members prior to being homeless and now wants a fresh start, to find a job, and affordable housing options. When asked what ending homelessness will mean to you, she replied,

To me it would mean aah, in a lot of ways getting my life back! Being able to live and accomplish something that I desire to accomplish and not necessary myself. It affects everything in your life basically. Because I find that, I because I find that instead of spending time accomplishing other things in life. That are needed your our purpose or maybe destiny in life. You spend time finding a place to life dealing with this, ex bills, and things life that have to be dealt with. Your life is spent trying to put your foot down for stability.

Lu stated that she found transitional living program on a flyer and pamphlet at the library. There are a lot of things that the veteran's administration is not going to tell you. No one is going to try to call you and sit you down. She found the phone number and saw that the non-profit agency had services for veterans. She felt no one was available to tell you what is out there for veterans and it has been that way for years. She reported the following as her reason for homelessness:

I believe I left, because there some medical issues for a while not to the point of getting a medical discharge or nothing they did allow me to go ahead and leave it was more of a hindrance in my life than help. So I really need to get? I had more problems in the military, with not necessary the job. Basically the people we worked around. Racism is another reason—along with a lot of jealousy, just a lot of oppression in high places. It was really a big issue. I found I was losing more than gaining by being in that is really what stopped me.

When asked to describe how resources or lack of resources have contributed to her homelessness. Lu stated that with her age and the lack of computer training, has served as a barrier as she transitions back into the work force, "it would be helpful

transition to the world of computer that would be a benefit for what she termed as “us old timers.” She stated that it has been very difficult and that she doesn’t like computers and considers them a kind of hindrance. She gave an example of filling out a job application on paper stating that she felt she could have filled the job application in 15 minutes, and on the computer it may have taken as long as 45 minutes or more, depending on the computers, and the speed to fill out an application online.

Michael

Michael is a 63 year old Black female Navy veteran; this is her first time being homeless. She served six to ten years in the military; she reports having a state identification card and receives her medical care at the Veteran Administration. She worked in communications in the Navy, she is also the only veteran in the study that was never married and she does not have any children.

She selected Michael the Archangel as her pseudonym because of her catholic upbringing. He acts as the defender of the church, and chief opponent of Satan; and assists souls at the hour of death.

She was a long time caretaker of her mother until she passed away. Due to the conditions of her apartment complex and lapse in communication she had to leave her home and now finds herself homeless for the first time. She has distrust towards her case manager at the Veteran’s Administration, but is now very grateful that he found her a suitable transition until she can acquire housing. When asked what the meaning of homelessness from her perspective was, she replied:

A lack of purpose, a lack of focus, fear! That is an over whelming feeling that power of fear. A terrible sense of helplessness too.

Upon probing I asked what actions have you already taken to end your homelessness?

Well aah, the first thing I did was aah, starting Monday I am going to apply for, since I use to work for the IRS, the IRS is advertising. I went to the stand downtown that was the first thing that I did. And the first thing I will see if they will take me back here in Kansas. Because I use to work this since I use to work for them. Second thing is signing up for that card that I will get for this interview. The third was while I was at that American Legion honor dinner. I signed up with the American Legion. The next thing I do was go back to church trying to get some normalcy. Trying to go back to church again that helps a lot. And check out the college educational opportunities here, get my transcripts together and check out the local community college. Um, huh

Michael reported that being a woman whether you are homeless or not can put you at a greater risk.

Well, being woman whether you homeless or not they put you at a greater risk. It really does. I have heard horror stories of women that are not military veterans who are homeless. And being a woman you are at right are going to be hassled if you are homeless or because you do not have that security and being a homeless female veteran.

She stated the following when questioned about her feelings on finding a permanent place to live:

Getting back myself respect and the respect of other people. People respect you when you, as long as you get something, are you paying your own way. Paying your own way people respect you for that. When you are homeless you lose all of that you know. It's a terrible kind of reality, because people respect you as long as you have you know. And you are respected when you pay your own way yourself the world is at your feet. Now because I know how slaves must feel. They have a since of homelessness too. I really do appreciate my independence a lot more I am appreciated it all of a lot.

Michael spoke about services that are available for female veterans that she wasn't aware of until being homeless and being placed with the female veterans in her transitional living community. When asked about how being a female veteran impacted her homelessness, she felt that there are people to help a female veteran. Her exposure to other female veterans has opened her eyes to a different view of females serving in the military. She felt since she served during peace time her experiences were different from the female veterans from Desert Storm and Iraq and Afghanistan war and all the other

places. She felt that the other veterans had it worse than she did because they went through more.

Results

After each interview I returned to my office and listened to the interviews again, and transcribed them verbatim. I also reviewed the taped interview along with the transcribed interview to carefully develop themes. Each interview lasted between 60 to 90 minutes. The transcribed version was done removing all identifying information. I then constructed a table where the identified themes based on the participant's answers to the questions helped to produce a more holistic view. This table was incorporated into the modified vulnerable population's framework in an effort to provide greater clarity. The answers were left in the participants own words. The themes can be found in Table 4.4. Each theme was reviewed by me and two independent reviewers to ensure validity of themes that emerged from my review.

Summary of the Research Question

The current research study addresses the following questions concerning homelessness from the female veteran's perspective. By answering the open ended questions, the participants provided a view of homelessness that only a person living in that environment could portray. I also provided a template for what services and resources are helpful and or needed to eradicate homelessness. The research questions used to understand the vulnerability of the female veterans can be found in Appendix A.

Themes

Homelessness looked different for each of female veterans in the study. They described homelessness, as a since of loss of independence, loss of trust, loss of job, loss

basic human needs; clothing, food, transportation, shelter. Their homeless state has left the female veterans in a state of vulnerability, and has created barriers in controlling their existence leaving a profound impact on their emotional and physical well-being.

The summaries provided a snap shot into the lives of the female veteran's plight to survive homelessness. Although their pathways to homelessness are individualized there have been seven themes that have emerged. The themes consist of: (1) reaction to trauma; (2) life style choice; (3) lack of adequate income; (4) troubled family relationships; (5) spirituality; (6) military privilege and; (7) the idea of still serving in the Armed Forces. Each of the women experienced some form of trauma; childhood sexual assault, military sexual assault, mental illness, physical disability, domestic violence, rape, or PTSD. Life style choice, issues involved the veterans' ownership of their homelessness that is, blaming no one but themselves.

Lack of adequate income occurred because only one of the ten veterans was currently employed and two received pension benefits through the Veteran Administration while the others relied on various income sources. Troubled family relationships seem to be a part of veterans' experiences. Some have family support; however, many indicated that their family members had other responsibilities could only provide limited support, or that they had exhausted the family support network because of their constant requests.

Spirituality was apparent in all of the veterans as they shared in their belief system and faith walk. However, two of the veterans had differing opinions but gave credit to God for helping them find shelter during this transition. Veterans Privilege through a variety of resources in the community the veterans attributed their veteran's status in how

they were able to access community resources. The idea of still serving was the final themes to emerge. Veterans were positive in the future and had encouraging words for the homeless veterans out in the world; they believed that being true to the Armed Service code would eventually let them overcome their problems. Table 4.4 Summary of Themes reported by Female Veterans are listed below.

Table 4.4 Summary of Themes reported by Female Veterans

Theme	Key Words/Phrases	Definition
Reaction to Trauma	Sexual Assault Mental Illness Substance Abuse Post-Traumatic Stress Disorder Domestic Violence	Recovery from severe personal traumas , looking at an individualized approach in reappraising life's experiences and taking responsibility, rebuilding and realizing the potential from within
Life Style Choice	Taking personal responsibility Combating stereotypes Degrading Legal concerns	Motivation to break the cycle and move towards a life of independence and freedom
Income	Begging for money Money Management Job loss Employability Benefits/Compensation	The complexity of making and not making a living wage impacts how you maintain your lifestyle.
Family Relationships	Being a parent/custody Value of family Friendships and associations Family and homelessness Mending relationships	Mending of lives to promote healing and valuable relationships. Being proactive in seeking help.
Spirituality	Seeking guidance Forming new relationships Faith Determination	The importance of having a belief system of a higher power. Religious connection to God that guides their faith walk.
Veteran Privilege	Community Support Recovery Attitudes towards homeless people	The perceived notion of how the homeless community is being served based on veteran status
Still Serving	Future Vocations Visions of the future Ideals to help other homeless people	Dreams of a brighter future and hopes of a change in behavior to promote a heathier future. Rebuilding the potential from within.

Reaction to Trauma

The theme, reaction to trauma, reflects the experiences that the veterans experience during a period in their lives that may have in impact on their homeless state, or influenced over behaviors. Research suggests that 81-93% of female veterans have been exposed to some type of trauma (Zinzow et al., 2007). Rates of trauma for female veterans are significantly higher than those of the civilian population. Often these experiences begin prior to military service. Researchers have found that more than half of female veterans experienced some type of trauma or abuse before joining the military. Twenty-seven to 49% of women veterans experienced childhood sexual abuse and 35% have experienced childhood physical abuse (Zinzow et al., 2007). Traumatic experiences continue in adulthood with 29-40% of female veterans experiencing sexual assault and about half experiencing physical assault. Domestic violence is a significant issue for this population, as 18-19% of female veterans has experienced it (Zinzow et al., 2007). In a 2002 survey of active duty military women, more than one out of every five reported physical and/or sexual assault by intimate partners, often partners who were active duty or retired military (Campbell & Raja, 2005).

Furthermore, several studies indicate that cumulative trauma (including re-victimization) and adversity, especially among individuals with substance use disorders, have significant negative effects on medical and psychosocial outcomes (Buchholz, et al., 2010; Lehmann et al., 2007; Wenzel, 2009). These interconnections between risk factors or precipitating events have been referred to as “complex subsidiary pathways” (Craig & Hodson, 1998), that is, linked factors that may play a cumulative role in risk for homelessness. These concepts are highly applicable to the findings in this study, and are

magnified by the fact that added to these precipitants for women veterans are the experiences of military service and, for many women, trauma during military service.

Trixie recalls an event when she experienced Military Sexual Trauma (MST);

I got raped in the military, I was only 18, and I surely didn't tell my mother. I didn't want to tell my mother I got raped. Yes, I dropped the charges. Those guys threaten me. I didn't know what to do? When that happened (starting to cry) there was no one to talk to I do not remember the year. Hell, I didn't know what to do no one to talk to maybe that is why I drink so much. Nothing ever happened to him. Maybe if I had told my mother, she might have could have helped me. I tried to file a claim and they said um. Why didn't I tell my mother how does an 18 year old tell a mother that she got raped you know!

Sheniqua shared about her experience with drugs and how she coped with her husband's mental illness and their homelessness. She also shared how the love for her grandchildren has allowed for her to stay clean for nine months.

I stayed with a girl friend of mine, but she was real into drugs, I needed to stay away from that! Meth! Methamphetamine, yeah, smoking and joking was the thing No Alcohol, just Meth probably smoking a 16th or an eight ball every other day but when you are passing it off between here and there you are not paying for it, so you are not losing anything. Yeah, um, you are losing a lot more than you realize you are losing. If you have to pay money, you usually run out of money before you do major harm.

You don't realize what you are losing. My son told me I am going to take the kids and not let them come around you anymore! They are my life, my grandkids are my life. Even if my husband says he was going to leave me I didn't care. Yes, those grand kids are my life that was it! So um, yeah but he got down out in the dirt with me for a while (Husband) but he knew when to say enough was enough. But I didn't have self-control because if I never had to sleep another day in my life I would be ok. I love being awake, If I never had to naturally sleep again I would be ok. I love being awake, I feel that I miss things when I sleep. No! I did it by myself, just up and quit, think of those things that you will lose. Yes, cold turkey, I just think about those grand babies every day, because that is what you will lose.

Ms. Prissy and Tequila shared that they had a very hard childhood and described what events occurred in their lives prior to becoming homeless.

Ms. Prissy, Well, since I was 16½ years old the events that led up to me being homeless was my abusive family where my mother and father physically,

verbally, emotionally abused me all the time. My mother especially, she had issues with me.

I was also molested by my uncle from the age of six and a half until eight he messed with me. He was never interviewed, he was big, practically a man. My parents never knew this he messed with me on traumatic thing that happened to me he came to visit us in the summers. He would come from Georgia to North Carolina and visit us and he did this for about two summers back to back and he had a friend, some friends he had some friends when he would love to visit North Carolina He had a cast on one leg, he had polio he was about two years older than my uncle he was 18.

His parents and my parents were friends. I had never met the kid. Right after my uncle went back to Georgia. My parents wanted to go out on night and they got this young man to come and babysit us. I was already use to my uncle messing around with me. My parents had him baby sit us that night, I was already being used to being messed with so I wanted some attention. So he came up and he did molest me.

My mother was suspicious when she came from the club that night. And she came to my room and found something that came out of him that night. And, she asked if he messed with me and I denied it. But keep asking next she keep asking me. A mother like her you better tell her, or she would probably have beaten me if I didn't tell her. I told her it did happen and my mother pursued it and the young man was only like 19 years old. We went to court, and we went to court and the lawyer had to prep me.

I was seven and a half years old. Yeah, and the lawyer prep and wanted me to say penis and vagina and I was too shy they had me point, can you point and they and me on the witness stand and I had to do what they told me it was very traumatic, the young men ended up getting sent to prison and my mother pursued it and wanted him to go to prison. He was a teenager and went to prison for 15 years. His parents was in the Army and they live on post like us and my mother made me go through that and that was a traumatic experience for me.

Tequila recalled an experience, with her mother and stated that her psychiatrist has labeled her currently mental state as being; childhood PTSD, adult PTSD, and chronic alcoholism and depression.

I think that my mom has been a definite factor with my childhood growing up with traumatic troubles. Growing up with what she had going on. As far as I know that she has never drank or use drugs. And that I think has been a plus but also with her undiagnosed mental health illness, you can see how being raised in that environment that's what really going on and that has been a contributing factor with a lot of the things going on in my life. Poor self-esteem, anxiety and stress

growing up, Like I said before I feel like I need a drink to get through a visit and a drink after the visit, because it's a hard thing to go through.

Tequila shared the length of time she experienced sexual assault as a child and young adult.

Growing up with various family members and some that wasn't? Once it was someone who came over to visit and one was when I was trying to get to school and they someone was doing this I was in the 3rd grade. I think that you can probably find pedophiles near schools and some were family members. I think that is what was probably what was going on there? They didn't do much to them 30 to 40 years ago? So I have a lot going on. My life that has made a difference to me being a mature adult and take care of my business, I went to MOSCA one time, and really liked it but I didn't keep on it, I want to go back? MOSCA I experienced sexual assault at seven or eight, It was nine years up to 25

Life Style Choice

In one study of posttraumatic stress disorder (PTSD), nearly 71% of disability-seeking female veterans, 71% reported military sexual trauma (MST) experiences (Murdoch, Plushy, Hodges, & O'Brien, 2004). Published reports indicate that women veterans who experienced MST also experienced other traumas and that MST is strongly associated with PTSD (Kimerling, et al., 2010; Minnow, Grubaugh, Moniker, Suffoletta-Maierle, & Frueh, 2007; Murdoch, et al., 2004). However, the relationships among specific and adult trauma experiences and mental and physical health problems in these female veterans have not been adequately described. This study explored these relationships in a population of PTSD treatment-seeking female veterans who experienced MST.

The development of specialized treatment teams within VA PTSD Treatment Programs can facilitate access to appropriate and effective trauma-focused care for female veterans. Given the emergence in this study of pain and sleep difficulty as predominant problematic health effects of trauma, integrated clinical assessments, and

interventions are indicated. Pain and sleep difficulty are two common treatment refractory disorders seen in many clinical settings and are examples of symptoms that would be best treated with close coordination between mental health and physical health care providers. (Kelly et al., 2011)

Susan recalls spending several years in jail time because of her driving under the influence. She demonstrated some understanding of how the choices she made influenced the lifestyle outcomes

I had a car in my younger years. 1981 car in 1997 I no longer have a driver's license they have permanently revoked my license, I have a total of 6 DUI'S. One DUI in 1996, in 1997, 2005 and 2006 my DUI'S landed me in the county jail for almost three years. I was in the local County Detention jail. I was always a trustee I was in for nearly 3 years and I was farmed out to ICC The judge said I am not sending you to prison that is too easy I am sending you to county. It 'sack to back you are going to do all your time in county a year and a year and a year I had already done 8 months.

Taz, too revealed a personal accounting.

I ran up a light bill of over \$2,000, about \$2,500 dollars waiting until social security said I could move here (Nervous, laughter) I stayed in my apartment with no lights (nervous, laughter). I had water because it came with the apartment. I had the lights in my name. I plan to pay it when I get my disability. I will have to pay my light bill \$2,500 and I have an eviction from my apartment of \$2,500, because I stayed in the apartment until they gave me an eviction. I will have to pay to have the eviction removed from my credit. This is the process struggling enough this is a part of the system of filing for disability.

I put in for my disability and I have hired a lawyer to handle my case. I have written letters to my lawyer when the judge denied me. I didn't get angry I guess you know just you know it is the system I have been here since October, 2013 I filed for my disability February 2013. That's how long it took me to not have money.

Ms. Prissy can you share what happened after military discharge that led to your homeless situation? Was there anything that happened to while you were in the military or shortly after your discharge?

aah, well, I was discharged and then I didn't have a place to live, so but luckily, I had a friend, a boyfriend and so he decided to move off base and rent us an apartment. So we could live together, so we lived together until, we got into legal problems and afterwards we had to go to jail for four months. After we got out of jail we stayed with some friends of his, a family and but, I didn't feel comfortable there. They were racist; they didn't want me with him. They were White people; he was White guy and so one day when he went to church one Sunday, while he was at church. I walked away, I walked almost walked to town, but I didn't have to walk all the way I did get a ride. I did hitch hiked that day; someone gave me a ride into town.

Veronica Black also described how one simple incident that she let slip cascaded into trouble with the criminal justice system.

Um, this is what my situation is; I have a ticket in Grandview, Missouri that is for speeding, as a result, I have a warrant for it. I got a ticket in Lenexa, and because I had the ticket in Missouri it showed that my license was suspended. So to make the Lenexa ticket go away, I will have to take care of Grandview and they do not have points accessed there, I need to pay a three something fine and take my driver's license test again.

A valid license in Kansas and have them give me a new date and make a date of repayment to them and fees for that. It's in Grandview and Kansas, I would need an attorney, that can work with a Kansas and Missouri license for both. I have been trying to get help for the last five years. It is something I will have to handle it myself? The attorney I had at City Union said I would have to take care of Grandview and present my valid Kansas driver's license and get the court date. I do not think it is a hard thing.

Sheniqua connected her lifestyle choices to abuse substance with a very terrible time in her life and with a series of consequences because of her constant use.

I moved here in 1993, and that's when I found Meth, yeah, so it has been since 1993. Since 1993, I have been clean for 9 months and know thought of wanting Meth! I have lost enough, I have lost enough! But when you already down it numbs you don't feel nothing, you know, So you don't have to feel the plight of being homeless you are not in that big of a hurry, not a big deal. I have five grandchildren and the two that comes to my house every weekend are the two that my son told me he would take them and not bring them around not anymore.(Her son said) I am not going to have that! My children saw that because my party time was from 10 at night until 4am in the morning because I have to sober up from 4 to 6 to put them on the bus and not look so waxed for the bus driver. I never got my children taken; I never had any school problems.

I always told myself I worked better on it. But in fact I didn't after being so many days awake you are irritated and that shows through your facial expressions, the way you try to treat people well when I am all "Meth out" I don't really care. Because I am a genuinely a caring person, but I am not when I am high! I am not when I am high, I am ruthless and think everybody is too, I don't care!

Income

Homelessness and poverty are inextricably linked. Poor people are frequently unable to pay for housing, food, child care, health care, and education. Difficult choices must be made when limited resources cover only some of these necessities. Often it is housing, which absorbs a high proportion of income that must be given up. Being poor can mean that one is an illness, an accident, or a paycheck away from homelessness. (National Coalition to End Homelessness, 2009) Among women veterans, being unemployed, disabled, or unmarried were the strongest predictors of homelessness. Interestingly, in the non-veteran population, lack of financial resources and social resources are significant homelessness risk factors as well. One of the few studies to compare veteran with non-veteran homeless women found that veteran homeless women had higher rates of employment, educational attainment, and being married—all resources that should make them more resilient to homelessness (Gamache, Rosenheck, & Tessler, 2003).

Lu shared that it had been quite some time since she had had a job of any kind.

I haven't worked since aah, 2010! I have worked in hospitals mostly, yes. I do not mind moving up out of the hospital settings, and I do not know why I have not become employed anymore by a hospital because I have worked for quite a few hospitals at one time. I worked in housekeeping department mostly that has always an easy place to start in a hospital. The hospital where I worked last, one of the benefits they had was a 10 year retirement. I you worked for them for 10 years you could retire for these 10 years. They were downsizing at that time. I had a small operation it took me a few months, but since that time I have been trying to get back in the workforce.

Veronica Black detailed her employment history and the difficulties that she encountered when she was laid-off from work for a number of reasons.

I went to work for a company that is known for laying people off, Um. At critical times um, between my daughter's having she childhood asthma, so I was doing FMLA. Working for a company that was stressful um, I continued to work for that company but my bills caught up with me and I found myself homeless while working for that company. I would say I was making \$40,000 and spending \$7,000 a month on, um extended stays, paying crazy amounts for cabs. Um, trying to keep my daughter in a regular stable situation.

It was in 2008! The program that I was in I worked a minimal wage which is not enough money for where I lived it would have worked. But if I wanted to take care of me and my now teenager daughter, um, it wasn't enough money to do that. Um, I ended up moving someplace where I couldn't afford to do the commute, and ended up going to a hotel for 30 to 45 days. Um, I finally broke down and went to a shelter.

My daughter was with me the entire time except for the last year, and that was when, um through prayer and some counseling she went ahead and lived with family that went to my church and at that point and she enrolled in a local university.

Michael shared that she has worked off and on over the years and reported that the last time she worked was in 1992. Michael is currently receiving social security benefits and she lives on a budget. She shared about her experience of her last days in her apartment and how she wished the situation was handled differently.

Well I think the only lack of resources that contributed to my homelessness was the fact that person should have told me...help me, couldn't.

Nona, talked about the resources, and what were the dynamics of unemployment and underemployment for female veterans. She was also concerned if she doesn't receive some form of income she will be homeless unless the housing authority places her payment to zero.

I was employed for years on years working in a nursing home. Um, become unemployed and re-employed and always keep going back to the nursing home. Since the last time while, I applied for disability three times and was denied all three times. So when I moved back to Kansas um, couldn't find anything, well, I can't appeal on the disability side and be employed, Um can't draw unemployment because I quit the job at the nursing home and moved by to Kansas. So because I quit it makes me ineligible.

Family Relationships

Many homeless people feel a stigma about being on the streets which often creates a barrier between them and their families. The family breakdown in many instances has led to a person being on the street. Even on the streets people strive to have some semblance of family. Friendships on the street for several interviewees were regarded as superficial—referring to these relationships as association and the people in these unions as associates rather than as friends. For others, however, a sense of community amongst other homeless people has helped to provide a sense of family which they lacked (National Center on Family Homelessness, 2009).

Recognizing that temporary shelter is often a core part of services for children and families who are homeless, the need for social connections remains a major issue. Homeless families may experience disruption or changes in their contacts with schools, neighbors, faith communities, friends, and other extended family. In addition, they also experience gaps in health and social service supports. Thus, helping families connect with their informal supports, helps and when they move to a relatively stable living arrangements can foster the development of new positive relationships that are mutually beneficial and sustainable. Given the benefits associated with social support and connectedness (Berkman & Glass, 2000) intervening at the family level, those working with families experiencing homelessness must take steps to link them to their broader

communities (Cook & Kilmer, 2010; Swick, 2005); however, regardless of the barriers and challenges involved it becomes necessary to help connect families with their communities and the resources to build or strengthen their informal support network. One advantage of such policy would be to help homeless female veterans to establish a sense of place and community. Susan remarked that she has the following support network in this community.

My old roommate, my son, 4 step brothers, I have a few close friend I have tendency to drink around them it's not their doing but I tend to drink more. It's the stopping of the drinking. A couple of the workers here, staff they come in on shifts 7-3, 3-11, 11-7 24 hour staff like when I need to take my PRN I have a sleeping pill so the staff is here so if I need to sleep I can get my medications.

Veronica Black shared the influence of her war experience and the effect it had on parenting her daughter while her husband was in another country.

I was in Desert Shield and Desert Storm. We supplemental unit that went there prior to US and they left before we did so we lost a lot of our assignments um, when I went back to my base it was drawing down. So I didn't actually get to do my job there, um, subsequently found out I was pregnant with my daughter and ah, when I went to next bases at Andrew Air force Base.

Yeah, it was mainly because my husband had to stay in Germany when I PCS (Permanent Change of Station) to an air base because I couldn't fly after a certain time and didn't want to have my daughter overseas, so I ended up moving, Um, he owed time, he had to build up his leave time so he couldn't come to help me right away and I met my brother-in-law and sister-in-law for the first time. I had to come to the base as a new person u, permanent change of duty station (PCS) as we always say, get established at my job, find housing, buy furniture, and take care of all of her stuff for the first few months, find day care, provide not just one.

Lu cautions herself against pain, by limiting her social interactions to just a few select people.

I have my sons; I don't have relationships out of the few people that I do know they do what they can.

Sheniqua provided an extensive narrative of how she creates and maintains relationships with people, especially those close to her.

I lived with my daughter and son-in-law for a little while when she split up. My daughter got beaten really bad and raped about several months back and her life started spiraling out of control. I took \$150.00 dollars off my debit card and put her on a Greyhound bus to go and live with her brother, so she could start over and have a fresh start, so she could be herself again. I told her she could be anything that she wants to be. These people you can leave behind that is the good thing about moving, you leave all that other behind and you can start over.

My oldest son lives and youngest daughter live in Missouri and I have 4 grandchildren between the 2 of them that I get to see here. Oldest daughter and youngest son are in Ohio with his wife and child. I have a good support, I have friends. I got on Facebook and just start talking. I don't post, I will message friends privately when I play games they post the scores. I do not have a profile picture. I told my husband that seems weird when people put up there family pictures for everyone to see. I am very cautious. I don't put anything I do get on and ready everybody else's.

Spirituality

Spirituality is an inherent component of being human, and is subjective, intangible, and multidimensional. Spirituality and religion are often used interchangeably, but the two concepts are different. Spirituality involves humans' search for meaning in life, while religion involves an organized entity with rituals and practices about a higher power or God. According to contemporary psychological scholars (Oman, 2013; Tsang & McCollough, 2003), conceptualizing *spirituality* (i.e., searching for the sacred through religious affiliation, religious beliefs, and religious service attendance) is multi-dimensional and complex. Tsang and McCollough (2003) stated that research on spirituality must focus on both works and worship practices. Oman (2013) proposed that spirituality focuses on seeking of something held sacred as an end, and religion as the broader set of ways that sacredness may enter into a search.

The act of prayer is also common to many religions (Armstrong, 1993; Gabriel & Geaves, 2007). Like meditation, prayer allows people to create distance between their problems and their abilities to address those issues. Consequently, creating opportunities for individuals to enter into communal prayer in safe and secure settings seem essential to well-being and personal spirituality. Among the homeless, the sense of order, meaning and purpose that religion may give must be emphasized given their history of social neglect and ostracism (Gravell, 2013). Given the chance to pray and to share one's life may provide hope and optimism for future self-governance among homeless adults. For homeless men and women, communal life sharing and prayer may not produce miraculous and immediate material benefits, but they may provide momentary relief from hopelessness and despair.

Michael, when selecting her pseudonym she explained while Michael was appropriate and she shared why it was important to have spirituality and how it has helped her during this journey.

The spiritual and religion it was very important, because without the two you might as well be dead. That's why they say "There is no Atheist in a foxhole" Sometimes they, people find religion when things get tough. And they find out the world is not enough and their friends let them down, they find out there best friend is God!

Trixie saw moving away from religion was not good for her. She said that she relied on religion to help her keep God in her life.

I think I need to put God back in my life. When was going to church every Sunday and seeing people at church I missed them and they missed me. But I had time to go party. I do not want anyone to feel sorry for me aah, like they say, you made this bed so lie in it basically, wow! I wasn't coming from a good here, I wasn't coming from a good home my friend, was no good here. I don't know my why I thought I could, you know just like I say this prayer every day" Oh Lord

Bless indeed expand my territory let your hands be on me always. Keep me from evil-Amen.

Sheniqua offered another viewpoint, based somewhat on her view that religion is personal and should not be dictated.

My husband gets mad at me, he is a devout believer. I was raised Catholic, I do not believe that an eight year old girl, should spend four hours in a closet praying. I am not sure that there is a God. [Just] someone telling you when to kneel and stand. I know something is bigger than me, I consider myself, I had sucky a childhood. I do not sympathy; some people are in their forties holding on to something that happens to them at 12.

Get over it! My husband gets mad at me because I have never been firm believer. I just don't know? I have seen a lot, I have but on my dog tags I had Catholic so they would say my last rights. I was raised catholic but I raised my children Baptist. The bus would come and pick them up and theY wanted to go. I had religion thrown down my throat. I wanted them to have a choice. I've been with my husband for 33 years and now I have a job, and a home, I don't know if it is God that I would call it? My husband was raised Baptist, we now say we are non-denominational.

Veronica share a little about her decision to allow her daughter to live to live with church members prior to her senior year of high school. The sacrifice she and her daughter made to provide the most stable living environment, so her daughter could have a great chance fulfilling her future goals.

I was easier than I thought it was going to be um, I had gotten her to point where she was. For her to make a decision like that for her to be 17 years old we prayed about it, we had other counseling. It was a surprise to me; my church cared enough for me to allow myself to get together and to let her go with a normal life. She works two jobs, she is a strong Christian woman, um, she is carrying a full load at the University where she is right now, and I am really proud of her.

Lu also talked about how her faith helped to sustain her, especially in times of crisis or confusion.

I consider myself a Christian that is what I call myself I am a minister of the gospel. I am a licensed minister. That has helped me greatly is what has been

caring me, help that's was for me to see life I a positive way through different obstacles in my life that is one of up thing in my life.

Susan was very candid as she shared her thoughts of her spirituality and her anger toward God following her parent's death. When asked if she was spiritual she replied;

No! I do pray, I put it to you this way God can open a door but until I put my foot through it. It's not going to do any good for God to open the door, so I know I am a little wishy-washy but I do not say many prayers! Especially since my parents died. I have issues with God!

My dad died in 2011 November, and January 2012 my mother passed. This is why I have issues with God! It was six weeks. She lost her soul mate. Mom had Alzheimer's but she un, like the last 10 days of her life she stopped eating and she called him poppy she got up and he died at my brother and sister-in-law's house but he wanted to die at home. Like two days after the funeral, I had to tell her dad died. She kept asking where is poppy? They had to put her in a nursing home because she bit my sister-in-law Lee and drew blood and my brother got hit in the nose. They called the police she attacked the police she was not herself.

Taz summed it up by pointing toward an ultimate solution found through spirituality.

I think God is the answer to all our problems. We need to all ask him. I think if I had of asked him before I did all the stuff and I ran myself through. I would have probably done things differently but if I had a message to send out. It would be that many females work just as hard or harder than their males they cater too. But they forget the female when they make decisions on what it should be.

Veterans Privilege

Homeless people reflect the nation's diversity and their special and sometimes complex characteristics and needs must be identified, respected, and addressed. Despite their diversity, almost all homeless people are extremely poor. Regardless of their other difficulties, practitioners must address their basic tangible needs for material resources. In addition to responding to basic needs for shelter, food, clothing, and medical care, programs should begin with a systematic assessment of the unique needs of each homeless person. Homeless persons include families with children, single people, Veterans, runaway and homeless youth, persons with mental health and substance abuse

problems, and persons who are homeless for purely economic reasons. Each group has distinct characteristics, needs, and preferences that should be considered when designing programs (Wenzel et al., 2009).

All of the veterans in this study report attending at least one Veterans Stand Down, the veterans stand down is offered once or twice a year throughout the united states, homeless veterans or limited resource veterans can receive a variety of resources from veterans benefit applications, medical care, clothing, personal hygiene products, and a host of other services. Nine out of ten of the participants in this study received medical care at the Veteran Administration with the exception of Sheniqua, who receives medical care through free clinics.

Tequila spoke about several programs that have supported her while being homeless, HUD-Vash, SSVF, and CWT.

I have been homeless, and that helps me get housed if that makes sense. I went into the Supportive Services for Veterans Families which I am still in right now and from there I am also in Hud Vash. So that is three things that I have been doing to get me houses?

HUD-Vash allowed me to come back into their program because of my history of homelessness. Chronic, they called it, Chronic and that's what I have been doing.

In some cases the very programs that were supposed to help, fostered more problems, at least in Tequila case, she continues:

Yeah, right I was in the HUD-Vash program and that contributed to my homelessness last April I moved to Alabama to spend time with my daughter, under the pretense that I would be going into the HUD-Vash in Alabama and I think you have to be within 70 miles from a military installation you have to be 50 or less. That is another reason I am homeless is because I was not able to get into that program. Aah, Then when I decided that wasn't going to work for me, I thought I would get back in HUD-Vash in Missouri because I was only gone for four months anyway. And when I got back here I realized that wasn't going to be an option for me so that is the another reason why I am homeless, I had to go

through this horrific time frame being homeless because when I got back I tried to get back in right away and they said you don't fit the criteria.

Still other problems were generated;

I really wanted to, I cross trained, I have but I didn't get the help to do it. They have a lot of assessments in that six month term I was telling you about CWT, Compensated Work Therapy. Six months terms it's in a building behind the hospital and so that's what helped me get that disability card. Those two CWT six month terms were helpful. But it just didn't stick for me to go out in the community to find something and stick with it. I am not a good sticker I need to be a good sticker to keep this next job.

One of the most problematic things about these programs for some was how their safety was compromised. Again, Tequila;

It's Scary and horrific experience, Scary with some horrific experiences. I got desperate for a place to live and that turned into a rape! At one recently right before I came in here and my SSVF (Supportive Services for Veteran Families) put me up for 3 days in a motel so I wouldn't have to go back to that (aah) situation. And I applied (aah) for this thing (aah) quite a while before I got in here. I didn't get in here because of applying, I found out it was because of my SSVF case manager that got me in here and it was because of the rape thing that she called here and because other pull got me in here earlier than I would have myself. Aah, they kind of have some weight you know, case manager whatever.

Nona, shared about her introduction to the current facility and why she turned down the first veteran housed facility due the barriers and talks about her fear of living in predominate male environment.

I was at the local nonprofit organization needing help from utilities you have to fill out paperwork through the VA. You had to be in the building by 10pm, you had to be in 30 days before you got an overnight pass. I don't do drugs, or drink New! a fresh start I was nervous 51 men I couldn't stop shaking. Being here with all these men, I don't know why because I served on a ship with 1,500 men. Thinking I will have to put up with their mess. Is it going to be safe here, you didn't know.

Susan, spoke highly of the VA medical center and how her needs are being met.

I really can't say there are any for me. The first time I ever went to the VA they have taking care of me ever since then. It's mainly housing I don't feel that I have any different treatment from the guy over there. Tuesday I went over I discovered

I had a cyst under my arm. I was not an emergency but it was a good size. But I didn't have an appointment. They have transportation here they will take you to the VA. They made a special trip for me to go to the housing authority in KC. That was something they did special because I really needed to go. I really can't say other than that housing and income. Bill was supporting me, but he is coming to get me tomorrow. I am sure when I left house there was food so I know I won't starve Tuesday night.

Other women reported receiving services that they needed in a somewhat sporadic manner, Trixie explained:

I received counseling in 2004 because I was going to commit suicide. I was in Iowa. That was the first time, I went to the VA. They don't help females enough aah, they have programs like say you are at the domiciliary, and you want to work. Like that program (points to poster about the CWT program) women can work CWT too, at the Domiciliary.

If the men get accepted in the program the move to another part of the state and live in a house like this? (Referring to the temp transitional housing that she I currently staying in) They can work up there for a year pay rent and they don't have to be on the streets. For women they don't have a similar for women they don't have a similar program for the women. Women are just out of luck, I have never heard of a program. I have worked through a program in Columbia and got on my feet. I lived on my own for two years with a program like that. I worked one year and lived on my own and worked at the gas station and lived on my own.

They don't help women enough, but they help you if you are abused and have children. I do not have children and I am able to work but I cannot make anyone hire me you know. I think I had asked someone to put me up out here but I don't think they like me up there (VA) I really don't care, if you are trying to help a veteran I need a job like everyone else. I do not want to work for them because I am not going to kiss, no one's ass, and my psychiatrist put me in for that program and haven't heard from any one, I don't know.

There still others who indicated that the VA did help them in acquiring employment, even if it was not always the best jobs, Ms. Prissy provides an example.

As a veteran, yes while I was in another state, for example, I went to the employment office and they had a Vet Rep there. I tried to get employment through them. I did get employment through them, I think I did and worked for a contractor and I would clean his job sites and cleaned apartments for him.

Still Serving

Can individuals learn to be more resilient, or are some just born with the ability to bounce back from adversity? I also believe everyone can expand this innate capacity for resiliency within themselves and others. People bounce back in two ways: (1) they draw upon their own internal resources; and (2) they encounter people, organizations, and activities that provide them with the conditions that help the emergence of their resilience. Psychologists call these internal and external conditions “protective factors” and conclude, these “buffers” are more powerful in a person’s life than risks or traumas or stress. They fuel the movement towards healthy development (Henderson, 2003).

When asked what they would want the world to know about homeless veterans and what were some of the things they were doing to support other veterans they all replied.

Veronica Black

I am ready to be, take my place in the community not just Um, A lot of people think to give back to the homeless you are going to do that any way. I want to make it better so that someone doesn’t have to wait this long to get back in their feet. I would like to take the information that I have and make sure the people got it, not to overwhelmed them but to give them like a, not just a checklist, I need to be able to take the information in.

It helps to have someone walk you through to ask those questions, If we take you to the VA, and you need to go to the store how will you do this? How we encourage you to go out and do something for yourself and not make you feel like, but a lot of people are being homeless for the first time. There are a lot of people that are upper middle class, like I was going to be you know. They are finding themselves in this situation that they are too embarrassed to ask. You do not want to be comfortable because you do not want to stay here, but what you have doesn’t change who you are. It doesn’t have to be that way.

Trixie

I do not want anyone to feel sorry for me. Like they say you made this bed so lie in it basically wow. I wasn’t coming from a good here, I wasn’t coming from a good home my friend, was no good here. They gave me a second chance because one my mind is made up I do what I want too. It’s nice to have that second chance I have had a lot of chances, I just don’t know what it is.

I really enjoyed I brings back a lot of memories, but I hope it helps other veterans finding in home! Glad to be of help.

Sheniqua

That mental illness and homelessness is/are real problems and they are not going to go away overnight. And they are not going to go away without funding and without opportunities to end them. And you are going to see a lot more of it. There are kids going to school homeless, there was story about a girl who was staying in a homeless shelter and she continued to go to school and received a 4 year college degree because she never gave up. She studied in that homeless shelter. There are a lot of ways to get where you need to go, you must find a way to get were you need to go. Homelessness is not going anywhere; it's going to get worse. Young people homeless on their own abandoned by their parents and family members. I thank God that I had my husband to go through it with me. I don't know that a shelter might have chewed me out. It's not easy to fall in that bubble in the real world. When can you go, it's an entitlement. Un-real life down in the city, you are living in a bubble. You are getting free food, shelter, and you are complaining about the services or quality! "Don't count us out, we might be down but we are not out"

Tequila

Don't do it. Take all your preventive measures because it is not an experience that is pleasurable for anyone by any means to no one, get your help and support everywhere you can for your prevention. I might go, go somewhere it may be anonymous to tell my story so that would be prevention for other people.

Susan

You know that's hard, you know that's was, I don't? "To be honest with you, don't treat homeless people different from anyone else they are people" And some of them had really nice jobs and have come back and cannot adapt to society I guess? I am not really one to talk because it I don't have to be out in public I don't, there are too many people that want to tell their problems. There are too many people that want to tell me their problems, complete strangers come tell their problems we all have problems what's the deal?"

Just treat a homeless person like anyone else, you know. From out of town staying at your house you tell them you will think about it, can take a shower. It's because they are family? You have a family member can have a disease too. I may not be dressed in a three piece suit, but if you looked at him on the streets out in public you couldn't tell that I am homeless. I do not have holes in my shirt; they are big because I am big.

Ms. Prissy

Ok, Homelessness is not an unknown issue! Homeless veteran women and men are homeless. There doesn't seem to be like up front services that address homeless veterans you have to go out and seek and find out information with in the VA hospital. Um, and there is not set you at the VA hospital, maybe the crisis hotline. There needs to be a homeless program at the VA the veteran in the homeless person and helped them get on that HUD-Vash program right away and help find permanent housing and clothing, furniture, help them get off the streets. Get them in the VA hospital even if they have to be inpatient. Get them into the hospital when the veteran should already know when they go into the hospital and who to contact for homeless services that's what I think they should do.

Lu Jones

Well, to me concerning homelessness I would want them to know and understand that this is not the end of the world. For one thing their lives are not over with that is just something that is going on with the world today. They need to be strong and go ahead and deal with. That trouble doesn't last always. And that they are loved they need to be a whole person, be quality of heart responsible for lives keep a standard of character, because this is something that they can overcome to in life. Remain faithful to support systems that they do have within their lives and keep and have their families together to the best they can. During a time you know like this they can make it. I thank you for the opportunity to talk on it I can't think of anything else to say.

Michael

Better awareness! I think it is time for the homeless. They are shy too shy, too traumatized, maybe too proud, and maybe too ashamed. But we are going to have to bring them out that shell they deserve just as much recognition and respect as the men do, because if it hadn't been for the female military veteran, the male veteran wouldn't be here. They should because we were their back bone their support,

It's like supernaturally, it gets scary, that where the spiritual and religion comes in God works in mysterious ways. I don't know what I will do; you don't get gatherings like that. When you have four people from all for branches of service, I felt like I am home, I never thought I would find this again. The best thing that came out of this experience I am home. I talked to my VA rep the VA. It's kind of ironic I told him I had thought that would come back to that. He said you fought for it and you earned it and it is here for you.

Surviving homelessness has been a tremendous struggle for many of the participants in the study. A variety of factors continue to plague the female veterans as they navigate the system for homeless relief. Additional information

provided on health care utilization and military preparation has been noted in this chapter revealing other possible risk and resource deficits.

Health Care

All of the participants with the exception of one received their health care through the VA and all describe their health at varying stages prior to being homeless. The veterans all spoke about receiving a reduced bus pass and by having their doctor at the VA behavioral health care sign documentation that would assist them with a reduce bus fare. Sheniqua, the only veteran in the study that doesn't receive any of her medical through the VA, and her husband are forced to seek treatment through a variety of community resources.

Nona

I don't think that the resources with the VA have not lacked in anyway, Mental Health, Medical, Dental, I have to pay for that You pay for dental, do you get that through the VA too I can go to the VA to get the dental, but I have to pay what they charge, because I was discharged with a 100%(ok) and nothing wrong with dental. I have a whole team of doctors over there; two neurological doctors, behavior health, my primary doctor. Yes, I receive my entire medical here at the VA.

Susan

I see the Psychiatric doctor once a month if I need to or 90 days, primary care every three months, my blood is very thin, I take 800 mg of Ibuprofen Prozac two mg, high blood pressure, I have want they call high anxiety disorder. If I am going to visit family member I am throwing up sick for two days. I am sick two days before leaving the house. If you have noticed it, I am looking around, I don't think anyone will hurt me but that's part of it. When I am in a room I am watching but the diarrhea is from the anxiety.

Although each of the female veterans seem pleased with their care, they all report having to seek dental care from another source in the community. They all receive behavioral health, physical, and substance abuse services through the VA medical

system. The nine veterans that received services all agreed that the VA medical was a positive and helpful resource for them.

Military Preparation

Many people commonly assume that people that served in the military when they leave the service, they are prepared for re-entry into the civilian world. Receiving a discharge, or separation, is not the same thing as military retirement. A military discharge is simply defined as a military member being released from their obligation to continue service in the armed forces. A discharge relieves the veteran from any future military service obligations where as a retired reserve individual may be called back to active duty (Guina, 2012). A separation from the military can be voluntary or involuntary, and may leave additional unfulfilled military service obligation that will need to be carried out in the Individual Ready Reserve. It is important to note that there are several types of military discharges, and these can have a profound impact on a veteran's ability to receive veteran's benefits, serve in government employment, reenlist in the military, and more (Guina, 2012). Because of the varying discharges the female veterans in the study all were entitled to receive medical services through the VA. All of the participants received either an honorable discharge, general discharge, other than honorable condition. Most people who join the military do not make it a career. For them, military service is a transition between high school and higher education or the civilian workforce (Guina, 2012).

Educational benefits from various forms of the GI Bill are a hallmark of the benefits package for those who serve in the armed forces. The GI Bill is available to all service members who are honorably discharged, though service members may opt out of

this benefit. Only a small number of service members choose to opt out, and many who do contribute from their paycheck to GI benefits do not end up using the educational benefits they accrue (US Department of Veterans Affairs, 2009).

Only three of the female veterans felt like the military prepared them for the civilian world, the three worked in similar fields in both the military and civilian world; communications, food services and supply. Two of the veterans stated that they never worked in their fields and because of their female status had clerical skills and were placed in administrative roles. One of the veterans indicated that she had gained skills in high school in financial training for using the ten-key business calculator and that skill was not augmented by her military service. She stated plainly that being in the military did not increase her employability.

Military preparation for female veterans in the study provided gaps for the veterans as their employment options were limited. Only one of the veterans Taz, stated that she had an advanced degree. Although several of the females were successful in the work force, working in supply, communications and as dietary cook, positions that were commensurate with their military occupation specialty. Seven of them worked in a variety jobs in the food industry; working as a cook, wait staff, dish washer, in restaurants, and other worked as a domestic housekeeper, printing, home health aide, and clerical. When asked if either veteran used their GI Bill, they provided a variety of responses from not knowing if they qualified, not interested in college, or waited too late to use the benefits (US Department of Veterans Affairs, 2009).

When asked if any of the female veterans had used their VA home loan they all replied with a resounding “No!” Only one of the veterans reported that her ex-husband

used his VA loan during their marriage. Several of the veterans were optimistic about the future, and had hopes of someday using the loan program. The veterans in the study continue to struggle to find and maintain employment making their transition after discharge from the military a much more negative experience. Many believed that the military experience contributed to their current homelessness in some manner, albeit if not directly.

Summary

A total of 10 homeless female veterans were interviewed to explore homelessness from their Individual perspective, risk factors that led to homelessness and the resources to end the homeless cycle. Using a modified framework to examine the impact of individual resources: social status, social capital, human capital, on their vulnerability was outlined in study. The pathway to homelessness differed in all of the participants, but each onset of homeless was met with ownership of actions, resiliency, and character. The circumstances were riddled in divorce, unhealthy relationships, unexpected discharge, recovery efforts, health disparities and broken family ties.

The homeless journey followed a winding path and revealed seven common themes of: reactions to trauma; life style choice; income; family relationships; spirituality; veteran's privilege; and still serving. Despite the adversity that female veterans faced they still advocated for change and support of their fellow veterans. The modified framework for studying vulnerable populations based on individuals perspective resonated throughout the study. By decreasing individual resources (Social Status, Social Capital, Human Capital) it will indeed increase the relative risk of vulnerability, causing harm or neglect as it did directly to the female veterans in this

study. In turn, there will be a greater need to enhance or increase the individual health both physically and psychologically. In short, the factors in the vulnerability framework construct leave female veterans at higher risks for becoming and remaining homeless. The childhood trauma, substance abuse, mental illness, and physical disability experienced by the women in this study serve as reinforcing factors in sustaining the theoretical model. Their social backgrounds were riddled with broken and unhealthy relationships, which had both negative and positive effects on their lives. The social capital was apparent as the veterans knew many of the resources that were available to them and they were limited due to their circumstances. The final area is the human capital and only one of the veterans had a job and only three were receiving some form of income, therefore leaving them vulnerable in maintaining their level of employment and ability to exit homelessness and end the homeless cycle.

Chapter 5

Discussion

This study examined factors that contribute to the well-being of female veterans affected by homelessness. This was accomplished by identifying the female veterans causes for homelessness from their experience, and addressing basic living needs; food, shelter, clothing, transportation, employment, medical, and mental health services. I also employed a descriptive methodology to explore the meaning of homelessness among female veterans as well as examining the risk factors for homelessness from the perspectives of the personal, community, and health care utilization.

The use of the modified framework for studying vulnerable population's model, coupled with my own interests led me to one overarching research question. An adaptation of the framework for studying vulnerable populations as it relates to homelessness (Aday, 1994). That is: How do female veterans experience homelessness? There are both macro and micro level issues that contribute to homelessness and how female veterans come to understand the experience of homelessness. Exploration of these deficiencies will help in the discovery of the primary risk factors for homelessness among female veterans from their perspective. In order to answer this question the following specific research questions are listed below:

1. How does access or lack of access to individual resources (social capital, human capital, and social status) influence the relative risk for homelessness among female veterans?
2. What do female veterans perceive as the vital resources (social capital, human capital) to help end their homeless situation on a permanent basis?

3. What do female veterans think about the military's role in maintaining or eliminating barriers to homelessness after military service—in other words, do these women hold the military culpable in their current homeless status?

Ten participants were interviewed using a semi-structured interview, with questions that complimented the extant literature reviewed earlier in this document. Each of the interviews was conducted in a private setting, were audio taped and then transcribed by the researcher. Demographics for each were collected and presented in an arrangement to limit the possibility of identification of the participants. The participants provided a robust compilation of the meaning of homelessness, the gaps in resources necessary to eradicate their homelessness, and the risk factors and a variety of life choices that led them down the road to homelessness. The findings that support published studies, limitations of the study, conclusions and recommendations for research are presented.

Interpretation

Interpretation of the study was supported by the literature review and is detailed below. Qualitative data were the most appropriate to assist in interpreting the themes. Research questions related to the modified framework for studying vulnerable populations were used.

Demographics

Demographics were collected from all participants and consisted of age, race branch of service, length of military service, marital status, whether or not they had children, length of homelessness, and number of episodes of homelessness. Female veterans face a host of unique challenges. The female often carries the double burden of serving in the armed forces a, stressful duty in and of itself, while simultaneously

balancing marriages, motherhood, and caregiving responsibilities in their home lives. For female service members in particular, divorce rates are very high; female soldiers face an 8.8% annual divorce rate, more than 2.5 times the national average (Williamson & Mulhall, 2009). Women are making extraordinary strides in the military and, while creating more inclusive armed forces, we are also changing the ways in which we must address many challenges facing our service members. The demographics of the current participants were similar to the Washington, et al. study (2010). In this current study female veterans were primarily Black (60%) and the 2010 study they were primarily Black (54.6%). The mean age of the 2010 study was 49.7 years of age, while the mean age of the present study was slightly older at 53.3.

The findings were similar to those at the highest risk for homelessness, were women who were between ages 45-54 and were not married (Keene, 2012) as was the case for the current study where the participants fell in the 48-63. The literature supports the current investigation because its divorce rate of 80% mimicked what was shown in other studies. In addition, multiple marriages were also a trait. At least three (30%) of the female veterans had been married two to five times. The current demographics were similar to those found in the Keene (2012) homeless population. The average length of service to the veterans in the Keene study was four years which fits the range of service of the current sample of five years.

The meaning of the path to homelessness for the women in this investigation revealed that these women each had a different meaning of that experience. Homelessness ranged from being ashamed of receiving services, the perception of the

homeless population, discharge from service and ownership of their current homeless condition.

In describing their pathways to homelessness, women in this study noted multiple points along their pathways where they did not report or seek help for detrimental experiences they were having. Although there were some reports of detailed data about the female veteran's childhood experiences, it seemed likely that these women did not receive care or counseling in response to abuse and neglect. In many cases, women entered the military in order to escape from abusive situations (Gamache et al., 2003). This pattern of non-reporting continued into adult experiences of trauma, particularly in the military where reporting negative behavior typically resulted in further abuse and stigmatization, along with damage to self-esteem and a sense of safety (Campbell & Raja, 2005). The researcher described how the trauma experienced from the female veterans, and by not seeking counseling or support has led to substance abuse, domestic violence, and rape in this current study. A total of 40% of the women in this study experienced child molestation, foster care, abortion, and rape. These same women also reported having a history of being in foster care and were also likely to report having had an abortion as a result of the molestation or rape they experienced.

Women veterans are at increased risk of homelessness compared to non-veterans since several interconnected pathways to homelessness for women veterans include military trauma and post-military events. Prior research concluded that homelessness is typically chronic and cyclical, with homeless women veterans having an average of four entries into and exits out of homelessness (Washington et al., 2010). Female veterans in

this study described the roots of homelessness as a lack of; job skills, affordable housing options, transportation, family support, substance abuse and mental illness.

Risk and Resource Factors

Several risk factors were revealed during the interviews. Accordingly the themes that emerged consisted of: reaction to trauma; life style choice; income deprivation; family relationships; spirituality; veteran privilege; and the sense of still serving in the military. Each theme and its relationship to relevant literature is discussed in the following sections.

Reaction to Trauma

Little published information concerns the representation of women veterans among homeless women, their risk of homelessness compared with that of non-veteran women, or their socio demographic and clinical characteristics compared with those of other homeless women. Evidence on male veterans' vulnerability to homelessness suggests that women veterans are more vulnerable to homelessness than women who have not served in the armed forces (Decker et al., 2013; Himmelfarb, Yaeger, & Mintz, 2006). Higher rates of sexual trauma among female veterans are found in the general population and the occurrence of duty-related and sexual stress in women veterans also suggest greater potential for posttraumatic stress disorder (PTSD) and comorbidity of substance abuse associated with homelessness (Harpaz-Rotem, et al., 2011; Jaycox & Tanielian, 2008). Notwithstanding these potential vulnerabilities, one could also make the case that because women veterans have more resources, such as education and access to veteran's benefits, they should be more resilient to homelessness than their non-veteran counterparts (Gamache, Rosenheck, Tessler, 2003).

For this study the following traumas were assessed: history of homelessness; any major physical violence; any physical violence; any rape; any sexual violence; childhood physical and sexual abuse; time in jail/prison; having a child placed in foster care; being the victim of a serious accident or natural disaster; death of a family member or close friend; and being the victim of robbery or burglary. Living in a homeless shelter, has been identified and was a criterion for and also defined as a trauma (Rayburn et al., 2005).

However, many studies examining lifetime prevalence rates have identified several characteristics that can be conceptualized as precursors to sexual assault while on active duty (Sadler, Booth, Cook, & Doebbeling, 2003). Many of these risk factors are consistent with those seen in civilian sexual assault and include socio-demographic characteristics, such as age and history of previous sexual assault. In a recent national cross-sectional study of female veterans, they reported that those who were raped while on active duty often entered the military at a younger age, were more likely to be of enlisted rank, and were less likely to have completed college than women who were not raped in the military (Sadler, Booth, Cook, & Doebbeling, 2003). The same study found that the likelihood of being raped almost doubles for women who joined the military at age 19 or younger, experienced childhood physical or sexual violence or rape prior to service, or were of enlisted rank (Sadler, et al., 2003).

A growing body of evidence points to a myriad of socioeconomic and biographical risk factors that signal vulnerability. Beyond suggesting that most homeless people come from backgrounds of poverty, this evidence suggests that childhood background and family experiences may be critical in explaining risk for homelessness

(Lehmann, et al., 2007). Rates of childhood out-of-home placement exceeding 15% have been reported in samples of homeless adults. Other indices of family disruption, including mental disorders, substance abuse, or sexual/physical abuse in the household, have also been high (Lehman, et al., 2007; Sadler, et al., 2003).

In the study conducted by Hamilton et al (2011) found that Pre-Military Adversity was found in 15 of the 29 participants (52%). The authors described pre-military adversity (including child abuse and domestic violence) that either resulted in homelessness pre-military, or sowed “seeds of homelessness” that occurred post-military. For example, some women described childhood experiences of being shuffled from the home of one extended family member to another, sent to live with a distant relative, or being placed in foster care. These women were not sure that these experiences qualified as being homeless, but they had the sense that they were definitely without homes. Those who were not technically homeless reported feeling alienated, threatened, or unwelcome in their own home either because of sexual, physical, and/or verbal/emotional abuse, or a feeling of not belonging or not being loved. In the second focus group, four of the seven women endorsed this experience, which one woman described as the “seeds of homelessness” (Hamilton et al., 2011).

In the current study as it relates to trauma many of the female veterans suffered from similar experiences of rape, foster care, and physical abuse. In addition, adversity was often found as a contribution to women’s decision to enter the military. In the third focus group, 8 of the 12 women expressed that they entered the military in order to escape abuse and violence. Ultimately these experiences have promoted the pathway to homelessness.

Life Style Choice

In a previous study conducted by Hamilton et.al, 2011 identified characteristics of the participants that were presented in focus groups. Participants represented a diversity of current age and age at post-military entry into homelessness. None of the women were currently married or employed, almost two thirds were disabled, and over half had completed an Associate's Degree or higher. The "web of vulnerability" illustrated interrelated pathways into homelessness for women veterans, as described by the participants. Many of the factors outlined in the Hamilton's study support the findings from this current study. The factors associated with homelessness contained one or more of five primary "roots," or initiators or precipitating factors for their path toward homelessness: 1) Pre-military adversity (including violence, abuse, unstable housing); 2) military trauma and/or substance use; 3) post-military interpersonal violence, abuse, and termination of intimate relationships; 4) post-military mental illness, substance abuse, and/or medical issues; and 5) unemployment. Criminal justice involvement (6) was a subsidiary factor that related to the roots (Hamilton et al., 2011)

Income

Posttraumatic stress disorder (PTSD) is a potentially disabling mental illness that can cause occupational dysfunction. Although vocational rehabilitation is often prescribed for patients with PTSD, standard vocational services are far from adequate in helping them obtain and maintain competitive employment. This study is the first to examine the outcome of evidence-based supported employment for veterans with PTSD. Among women veterans, being unemployed, disabled, or unmarried were the strongest predictors of homelessness. (Hamilton et al., 2011)

Some women found employment or went back to school after they were discharged from the military, but their circumstances were unstable, often because of a lack of social support and underlying mental health issues. In some cases, the women moved away from their home town to find employment. However, often because of the economy, women were laid off, or cycled in and out of employment.

Substance abuse was a typical means of coping for these disappointments. Some women realized that they had mental health issues well after they had left the military and pursued employment. (Hamilton et al., 2011)

In 2013, 21.4 million men and women, or nine percent of the civilian non-institutional population age 18 and over, were veterans. Gulf War-era II Veterans numbered about 2.8 million in 2013. About 20 percent of these veterans were women, compared with 4 percent of veterans from World War II, the Korean War, and the Vietnam era. Approximately one -half of all Gulf War-era II veterans were between the ages of 25 and 34. Unemployment among this population of Gulf War-era II veterans was a tragic 8.8% for men 9.6% for women, well above the national norms.

Relatedly, about 3.2 million veterans, or 15% of the total, had a service-connected disability. Veterans with a service connected disability are assigned a disability rating by the US Department of Veterans Affairs or the US Department of Defense. The ratings range from 0 to 100%, in increments of 10 percentage points, depending on the severity of the condition (Bureau of Labor Statistics, 2014). When taken all together, the high unemployment rate and the level of disability it is clear to see how some veterans experienced chronic low income or income related problems. As supported by the findings in the listed studies, the current study revealed only one female veteran working

and three were receiving some form of disability payment. Even for the minority who choose the military as an opportunity for extended service or a career, the military retirement system, which vests benefits after twenty years of service, and the premium placed on youth by the traditional military culture, mean that virtually all military personnel will leave the service too young and with too small a pension to retire fully. They are thus likely, also, to transition to civilian work roles (Joshua, 1998).

Family Relationships

The experience of homelessness also disrupts a family's social relationships and connections, whether with friends, family, or teachers. Families are often cut off from their social networks, an event that can proceed (e.g., conflict between the family and those who had offered to share housing with them) or result from (e.g., purposefully cutting ties due to stigma) homelessness (Fischer, 2000). The research projected similar accounts for the female veterans in the current study to have strained relations. After gathering the research I felt that families would want to support the veteran because it was their patriotic duty. That was not the case in this study. This disconnection affects families' capacity to access natural supports in the community, and the isolation of parents and children experiencing homelessness has been framed as one of the "most damaging facets" associated with residential instability (Swick, 2005). Families who are isolated can no longer access the resources (e.g., tangible assistance, emotional support, advice) that their social networks would naturally provide. This can be especially damaging for minority families as this disruption violates cultural and social norms of social connectedness. Another consequence of homelessness is the social stigma

exhibited by employers, businesses, school personnel, school children, and even helping professionals. The stereotypic and judgmental views of others are experienced as “stressful and damaging” (Swick, 2005). This stigma can be viewed as generalized or external, which includes the public perceptions and actions toward people who are homeless, or more personal, involving the internalized experience of self-blame and shame (Kidd, 2009).

This latter strategy, however, is viewed as potentially threatening to others and may increase their stigmatization (Roschelle & Kaufman, 2004). Additionally, the stigma of homelessness appears to add to or exacerbate the stigma associated with other conditions, such as poverty, sexual orientation poor school performance, or mental health issues (Phelan, Link, Moore, & Stueve, 1997).

Spirituality

The practice of religious belief mostly happens in congregations with others at a place of worship (Armstrong, 1993). The experience of community seems essential to most religious practices. Congregations bring people together who, though sharing a religion or belief, may be from very different walks of life and backgrounds. Many religions at their heart have the notion of the commonality of man, the idea that we are all born equal and share the same traits, possibilities, and failures (Gabriel & Geaves, 2007). Furthermore, to be accepted by a community without prejudice as an equal is a very real comfort (Paloutzian & Park, 2013). The act of *prayer* is also common to many religions (Gabriel & Geaves, 2007). Like meditation, prayer allows people to create distance between their problems and their abilities to address those issues. Consequently, creating opportunities for individuals to enter into communal prayer in safe and secure settings

seem essential to well-being and personal spirituality. We believe, particularly by homeless people, acceptance by others in faith and life sharing is essential. Among the homeless, the sense of order, meaning and purpose that religion may give must be emphasized given their history of social neglect and ostracism (Gravell, 2013). The female veterans in the current study all identified with a current spiritual belief system however, small or strained. Given the chance to pray and to share one's life may provide hope and optimism for future self-governance among homeless adults. For homeless men and women, communal life sharing and prayer may not produce miraculous and immediate material benefits, but they may provide momentary relief from hopelessness and despair. Unfortunately, homeless people are hardly ever asked about faith and spirituality by service providers, let alone encouraged to engage with their religion and worship if they desire (Gravell, 2013).

Veteran's privilege

Eligibility for most VA benefits is based on discharge from active military service under other than dishonorable conditions. Active service means full-time service as a member of the Army, Navy, Air Force, Marine Corps, Coast Guard, or as a commissioned officer of the Public Health Service, the Environmental Services Administration or the National Oceanic and Atmospheric Administration (US Department of Veterans Affairs, 2009).

VA provides a wide range of health care services to veterans including treatment for military sexual trauma, and for conditions possibly related to exposure to Agent Orange, ionizing radiation, and other environmental hazards in the Persian Gulf.

Generally, veterans must be enrolled in VA's Health Care System to receive care. (US Department of Veterans Affairs, 2009)

The VA pays monthly compensation to veterans for disabilities incurred or aggravated during military service. This benefit is not subject to Federal or State income tax. Entitlement is established from the date of separation if the claim is filed within one year from separation. Generally, military retirement pay is reduced by any VA compensation received. Income from Special Separation Benefits (SSB) and Voluntary Separation Incentives (VSI) affects the amount of VA compensation paid. The disability pension is an income-based benefit is paid to veterans with honorable war-time service who are permanently and totally disabled due to non-service-connected disabilities or who are 65 or older (US Department of Veterans Affairs, 2009).

What type of insurance benefits is available? Service members are eligible for up to a maximum of \$400,000 in life insurance under Service members' Group Life Insurance (SGLI). Spousal coverage is available up to a maximum of \$100,000 while children are automatically covered for \$10,000 at no cost. Any member of the uniformed services covered by SGLI is eligible for a traumatic injury protection rider (TSGLI) that provides payments between \$25,000 and \$100,000 to members who have a traumatic injury and suffer losses such as, but not limited to, amputations, blindness, and paraplegia (US Department of Veterans Affairs, 2009).

What types of education benefits are available? Education benefits are available to active duty and full-time National Guard personnel who have served for at least two years and have contributed \$1200 under the Montgomery GI Bill (Chapter 30), and members of the Selected Reserve (includes National Guard) that are certified as eligible

under the Montgomery GI Bill—Select Reserve (Chapter 1606). The Chapter 30 program is limited to payment for tuition and fees while the Chapter 1606 program provides a monthly stipend. What type of home –related benefits are available? Persons on active duty are eligible for a VA home loan guaranty after serving on continuous active duty for 90 days. Service members going through a pre-discharge claim program who are found to have service-connected conditions that will be rated as compensable, are exempt from the loan guaranty funding fee (US Department of Veterans Affairs, 2009).

What type of financial assistance is available for purchasing a vehicle? To be eligible for financial assistance to purchase a vehicle or to adapt a vehicle to accommodate a disability, a service member must have certain qualifying disabilities (e.g. loss or permanent loss of use of one or both hands) that were incurred during active military service (US Department of Veterans Affairs, 2009).

Still Serving

Decisions to join the military are not just strategic economic calculations. Families and communities are a major source of transmission of information and norms and values regarding military service. Several studies have noted the strong effect on enlistment of having a parent serve in the military: children of current and former military members are more likely to serve themselves and, once enlisted, are more likely than other enlistees to serve a career in the military (Segal & Segal, 2004). It is unclear whether this is because of a transmission of values or norms of service, or if exposure to the family member's military experience provides information not readily available to peers without exposure to the military.

Another resource for the female veterans in the study was the community resources. All of the veterans had attended one stand down, received services from Hud Vash, and had participated in the CWT program, and received services for food kitchens, churches, food stamps, unemployment and of veterans of military auxiliary organization. When asked about their local support system Tequila spoke about her relationship with a nun that provided both spiritual counseling as well as community supports. The female also spoke about having other veterans as support when they were on the streets or while receiving treatment at one of the VA domiciliary programs. Trixie recounted how she assisted other female veterans that are elderly veterans, with shopping for grocery and running errands. Several of the veterans have lived with other veterans during periods of homelessness; this formed a camaraderie that supports their survival as a homeless female veteran.

Findings in this current study support that all of the participants were in deed trying to end their homeless situation. Many of the participants were using combinations of veteran's resources, community, family and friends to combat homelessness. As stated previously only one of the ten veterans is currently employed and three receive some disability payment monthly but all agreed that it was not enough to live on. There are five in the study that had applied for disability and have been turned down at least one time. The one remaining participant is actively looking for employment. Permanent employment and lack of income has impacted all of the females in the study and will continue to plague their success in decreasing their risk for homelessness. Housing was another reason that was cited as a potential of adversity. All of the female veterans were currently in a veteran's supported facility where the cost to stay in the facility is based on

income or the lack of income. Veronica Black and Lu are both hopeful in finding some seasonal employment to assist in their transition. Finding the network and variety of resources have proven to be successful as the veterans reported sharing resources with their fellow veteran's especially with many of the veterans receiving limited support from family.

Modified Framework for Studying Vulnerable populations

Using the modified framework for studying vulnerable populations coupled with the structural functionalism, both projected the inter-related pathways into homelessness for the female veteran participants in this study. Using the framework as a guide to follow the research questions unraveled, revealing the effects of social status, social capital, and human capital and the impact on the risk factors of vulnerability were revealed.

Social Status

Social status consists of a variety of components; age, ethnicity, race, positions held in society. They can have an impact on risk factors of vulnerability. Due to rising levels of unemployment, lack of affordable housing was an elevated risk of homelessness among female veterans are on the rise.

Following military service, female veterans are three to four times greater risk of homelessness than non-veterans; this risk is increasing for those who served in Iraq and/or Afghanistan. Female veterans who were African American or between the ages of 18 to 24 years were at an even higher risk of homelessness (Fargo et al., 2009). According to Washington et al., (2010) other characteristics found to be associated with homelessness were sexual assault during military service, being unemployed, being

disabled, having worse overall health, and screening positive for an anxiety disorder or Post-Traumatic Stress Disorder (PTSD); meanwhile, protective factors were being a college graduate or married.

The social status of the female veterans may have led them to homelessness, with 60% of the study being Black females, unemployed, not married, and limited family support.

Social Capital

Social capital consists of the quality of interpersonal relationships and the risk of vulnerability that can negatively impact the veteran's social health, physical and psychological well-being. Zinzow et al. (2007) revealed that experiences of trauma affected 81-93% of female veterans, with more than half experiencing trauma or abuse prior to military service. Military Sexual Trauma (MST) defined by the VA as "sexual harassment that is threatening in character or physical assault of a sexual nature that occurred while the victim was in the military, regardless of geographic location of the trauma, gender of victim, or the relationship to the perpetrator" affects between 20-48% of women veterans in the form of sexual assault and 80% in the form of sexual harassment. According to listening sessions conducted by the US Department of Labor (DOL) Women's Bureau (WB), women veterans experienced a breadth of traumatic experiences, including childhood abuse, intimate partner violence, combat-related stress, MST, and the loss of social supports and stable housing; additionally, a common theme was the stress of being a woman in a male-oriented military culture.

Experiences of trauma, stemming from childhood to after military service, affect 81-93% of women veterans and can negatively impact health status, daily functioning,

and willingness to access services. Numerous barriers prevent unstable housed women veterans from accessing veteran-specific services, leading to a pattern of under-utilization. These include the hesitance to identify as a veteran, lack of affordable health care, gaps in knowledge of available services, experiences of trauma, and perceptions of male-oriented programs. These barriers must be rectified so that women veterans can utilize and benefit from the care and resources earned through their military service (Montgomery et al., 2013).

There was a high occurrence of childhood adversities among the participants totaling 40 percent of the study reporting; child sexual assault (Tequila, Ms. Prissy), abortion (Trixie), foster care placements (Sheniqua). One of the participants (Trixie) reported MST while in the military and attributes her alcohol abuse towards not seeking appropriate treatment for the assault and the assailant never received charges for the assault. One the participant's also reported childhood sexual assault, and was assaulted again in 2014, and she has not received appropriate counseling and believed she received a sexually transmitted diseases from the assault. Forty percent of the participants also self-reported a mental illness, sadness, bi-polar, anxiety, PTSD. Four of the five veterans with reported substance also experienced childhood trauma. The fifth participant self-reported having a mental illness.

Human Capital

Homelessness is pervasive in the United States. An estimated 2.3 to 3.5 million people experience homelessness in a given year, and an estimated 26% of homeless adults are veterans (National Law Center on Homelessness & Poverty, 2007). Women who have served in the United States military are three to four times more likely to

become homeless than are non-veteran women, though the reasons for this are not clearly understood (Gamache, Roshenheck, & Tessler, 2003). Women are one of the most vulnerable subpopulations among the homeless. Relative to homeless male veterans, homeless women veterans likely present different needs with respect to privacy, gender related care, treatment for physical and sexual trauma, housing support, and care for dependent children (Kushel et al., 2003). Although food, shelter, and clothing are the most immediate needs of the homeless, health care is also of fundamental importance (Lim et al., 2006). Homeless families are less likely than housed poor families to report having a regular provider for preventive care or for sick care (Kushel et al., 2006).

Traumatic experiences before, during, and after military service can have major implications on health status and daily functioning, including increased substance abuse, mental health issues, trouble accessing and maintaining employment, and hesitance to utilize support services. Homeless women veterans reported a homelessness history characterized by frequent entries into and exits out of homelessness, suggesting that this group arises from a much larger population of unstably housed at-risk women. Indeed we found that a sizable minority of our housed controls had risk factors for homelessness. Many of these women may have been homeless in the past, or may become homeless in the future (Washington et al., 2010).

Among women veterans, being unemployed, disabled, or unmarried were the strongest predictors of homelessness. Interestingly, in the non-veteran population, lack of financial resources and social resources are significant homelessness risk factors as well. One of the few studies to compare veteran with non-veteran homeless women found that veteran homeless women had higher rates of employment, educational attainment, and

being married—all resources that should make them more resilient to homelessness (Gamache, Rosenheck, & Tessler, 2003). Despite this, that study found a three to four times greater risk of homelessness among veteran than among non-veteran women. In the study by Suris & Lind, 2006, they found that homeless women veterans had an MST prevalence of 53%. Its added effect on top of other risk factors may help explain women veterans' higher risk for homelessness. Programs to alleviate homelessness in women veterans should also address MST and its associated health consequences (Suris & Lind, 2006). Being homeless was associated with a 9.7 point decrease in self-reported physical health.

Individually human capital refers to your abilities, skills, education, employability, and contribution to society. Each female veteran in this study had a decline in human capital; only one of ten veterans was currently employed. There was only one veteran that reported that she had a bachelor's degree, several reported receiving certificate programs. Trixie reported not being employed in two years. There were 30% received VA disability or a small retirement pension. Five of the female's veterans totaling 50% of the participants had applied for disability benefits and have all been turned down once. Several of the female veterans are re-filing for the disability benefits at the time of the study. All of the veterans are using public transportation as a means of transport to find employment, visit relatives, and assist with personal care needs. The cost of the bus pass/taxi and availability of services was a major concern for all of the veterans. Sheniqua shared that she lost employment because she couldn't find a bus route that would accommodate her work schedule. Only one of the female veterans (Tequila) spoke of retiring after 20 years, and she was discharged within five years, due

to the self-report of misconduct with allegations of homosexual acts in the military. All of the veterans are currently in facilities that are funded or have a VA affiliation. Eight of the ten are living in transitional living programs with a limited period of stay. The female veterans in those programs live in constant fear of where they will live next. The diminishing effects of human capital have left the female veterans in the study, unemployed, limited to no income, un-reliable transportation and, physical/mental disabilities, creating a huge impact on their risk for homeless.

Health Care Utilization and Perceptions

Despite federal attention to homelessness, it and its attendant health consequences persist as major problems (Gamache, Rosenheck & Tessler, 2003). A patchwork of programs delivers services to homeless women veterans. These include a finite number of VA contract shelter beds and transition programs for homeless women veterans, an intervention program for seriously mentally ill or addicted homeless women, and availability of a broader network of services for homeless veterans. Despite the availability of a much larger number of temporary residential programs and other services for homeless veterans, given the male-dominated gender ratio, many of these programs cannot accommodate or are not structured to address the privacy and other gender-specific concerns of women, particularly women with children or those with trauma histories (Washington, Yano, McGuire, Hines, Lee, & Gelberg, 2010).

VA health care, however, has changed over time to better address women's unique health care needs (Washington et al, 2003). For homeless women veterans who require treatment of PTSD, depression, military sexual trauma, or tobacco use, expanding the geographic availability of female-only treatment programs will facilitate access to

needed care. Program adjuncts are also warranted to focus beyond military sexual trauma treatment to also target or increase intensity of interventions for women veterans with additional risk factors for homelessness. Expanded availability of college education, job training, and transitional housing is needed for all homeless women veterans. Future research should be directed toward identifying the most cost-effective. Homeless women veterans also had high levels of mental health co-morbidity. This suggests that a comprehensive program to meet their gender-specific needs must ensure timely access to physical and mental health care services. Though mental health and substance abuse co-morbidity were more prevalent in homeless than in housed women veterans, they were not universal. Therefore, while programs that deliver primary care and mental health care are essential (Zeber et al., 2003), medical programs should also target homeless women veterans who do not suffer from serious mental illness or substance abuse.

Well-Being

Well-being is a positive outcome that is meaningful for people and for many sectors of society, because it tells us that people perceive that their lives are going well. Good living conditions (e.g., housing, employment) are fundamental to well-being. Tracking these conditions is important for public policy. However, many indicators that measure living conditions fail to measure what people think and feel about their lives, such as the quality of their relationships, their positive emotions and resilience, the realization of their potential, or their overall satisfaction with life—i.e., their “well-being.” Well-being generally includes global judgments of life satisfaction and feelings ranging from depression to joy (Diener, 2009).

Some researchers suggest that many of the terms are synonymous, whereas others note that there are major differences based on which dimensions are independent and contribute most to well-being (Veenhoven, 2008). This is an evolving science, with contributions from multiple disciplines. Traditionally, health-related quality of life has been linked to patient outcomes, and has generally focused on deficits in functioning (e.g., pain, negative affect). In contrast, well-being focuses on assets in functioning, including positive emotions and psychological resources (e.g., positive affect, autonomy, mastery) as key components. Some researchers have drawn from both perspectives to measure physical and mental well-being for clinical and economic studies. Subjective well-being typically refers to self-reports contrasted with objective indicators of well-being. The term, “positive mental health” calls attention to the psychological components that comprise well-being from the perspective of individuals interested primarily in the mental health domain. From this perspective, positive mental health is a resource, broadly inclusive of psychological assets and skills essential for well-being (Herman, Saxena, & Moodie, 2005). But, the latter generally excludes the physical component of well-being. “Hedonic” well-being focuses on the “feeling” component of well-being (e.g., happiness) in contrast to “eudaimonic” well-being which focuses on the “thinking” component of well-being (e.g., fulfillment). (Ryff & Keyes, 1995) People with high levels of positive emotions, and those who are functioning well psychologically and socially are described by some as having complete mental health, or as “flourishing” (Keyes, 2002).

In summary, positive mental health, well-being and flourishing refer to the presence of high levels of positive functioning—primarily in the mental health domain (inclusive of social health). However, in its broadest sense, well-being encompasses

physical, mental, and social domains. The reasons why well-being and related constructs should be measured and evaluating how these domains can be changed should help inform which domains (e.g., life satisfaction, positive affect, autonomy, meaning, vitality, and pain) should be measured, and which instruments and methods to use (Hirds, 2003).

There is no sole determinant of individual well-being, but in general well-being is dependent upon good health, positive social relationships, and availability and access to basic resources (e.g., shelter, income). Well-being is associated with numerous health, job, family, and economically-related benefit. For example, higher levels of well-being are associated with decreased risk of disease, illness, and injury; better immune functioning; speedier recovery; and increased longevity. Individuals with high levels of well-being are more productive at work and are more likely to contribute to their communities (Veenhoven, 2008).

Themes were revealed from all of the participants and reported in six categories that are reflected in Table 5.1. The themes included Pathway to homelessness, where 50% of the veterans experienced an issue with substance abuse. The meaning of homelessness 50 % of the participants felt there was a stigma associated with being homeless. The risk factors varied from family, continued substance use, safety concerns and sexual assault. Resources need stemmed around employment, income and affordable housing and disability approved 40% of the study have applied for disability and were not awarded. Nine of the ten veterans receive medical care at the VA, and the one veteran receives care at the local free clinic. None of the veterans are currently covered by dental. Social support consisted of family, friends, church, and their faith in a higher power.

Table 5.1 Main Themes and Data Saturation Points for each Study Participant

Female Veteran	Path to Homelessness	Meaning of Homelessness	Risks Factors	Resources Needed	Health Care	Social support
Veronica Black	Anxiety	Unworthy	Family	Job, affordable housing	VA	Family, Church members
Trixie Star	Partner Abuse/Alcohol Abuse	Not having your own key	Bad relationships and substance abuse	Job, affordable housing, drug free	VA	Family
Sheniqua	Husbands mental illness and substance abuse	Mental illness Stigma	Drug abuse,	Medical, Job with more pay, medical for her husband, drug free	Free Health Clinic	Family, Community support
Tequila	Unexpected military discharge substance abuse	Scary/horrific	Drug Abuse, sexual assault safety	Job, affordable housing, drug free,	VA	Community Support
Nona	Medical and Disability	Fear	Medical problems	Job, disability, income	VA	Family, friends
Susan	Mental illness, Substance abuse/disability	People look down to you	Drug Abuse	Job, affordable housing, disability, drug free	VA	Friends, family
Prissy	Mental Illness	Being alone	Drug Abuse, Bad Relationships	More income, affordable housing, drug free	VA	Friends, community supports
Taz	Disability	Lack of money	Family Support	Affordable housing, disability awarded	VA	Family, Faith, Community
Lu Jones	Unexpected family relationship	Live life as an adult	Family Support	income, affordable housing,	VA	Family, faith
Michael	Condemned housing	Lack of purpose	Family Support	Affordable housing	VA	Friends, faith

Limitations

Limitations consisted of sample size and geographic range. There was not a veteran from the Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) era limiting the viewpoint from a current war veteran. The veterans in the study who had children indicated that they that were over 18, thus eliminating the need for childcare while the interview was being conducted. Data saturation was reached with the ten participants, and focused only on female veterans in the study; therefore the information gained may only be relevant to those who participated. The results were strictly based on the experiences of ten homeless female veterans in the current study. Results may be different with other female homeless veterans. The study was conducted in a specific geographical region and that may have influenced the results as well, particularly because some states provide additional benefits to veterans and particularly to those with children. Providing strength to the study would be possible if it had been conducted with multiple veterans in other parts of the country.

In addition, results may vary because nine of the ten participants were enrolled in Veteran Administration health care programs and were aware of most services to which they were entitled. The results may be different if participants had not been provided health care and enrolled in homeless veteran programs. Conclusions should not be drawn about the childhood trauma experienced by 40% of the study participants. The participants were comfortable in discussing their experiences with the researcher since she was a female and a veteran, and may not have discussed their experiences had the researcher been a male or non-veteran.

Conclusion

Homelessness is a national epidemic that is fueled by a complex mix of external structural issues, increased poverty, and a severe shortage of affordable housing, a lack of education, physical disability, and low-wage jobs. If we are to solve homelessness, we must take into account both the structural and individual causes and create a comprehensive vision that addresses them. Preventing and ending homelessness among veterans requires public commitment and action to ensure access for services. Despite federal attention to homelessness, it and its attendant health consequences persist as major problems. A patchwork of programs delivers services to homeless women veterans. These include a finite number of VA contract shelter beds and transition programs for homeless female veterans. In addition, an intervention program for seriously mentally ill or addicted homeless females, the availability of a much larger number of temporary residential programs and other services for homeless veterans, must be undertaken. Given the male-dominated gender ratio, many of these programs cannot accommodate nor are they structured to address the privacy and other gender-specific concerns of women, particularly women with children of those with trauma histories (Wenzel, Koegal & Gelberg, 2000).

Recommendations for Future Research

The complexity of the problems of the homeless calls for a comprehensive, coordinated approach that can best be accomplished through partnerships between private and public agencies. Health care services are a critical component of a homeless individual's recovery.

Screening for Adverse childhood experiences (ACEs) consisting of a host of stressful or traumatic experiences, including abuse, neglect and a range of household dysfunction such as witnessing domestic violence, or growing up with substance abuse, mental illness, parental discord, or crime in the home. By implementing the (ACE'S) screen it may assist the most vulnerable female recruit in the initial stages of their military career. Providing guidance as it relates to development and prevalence of a wide range of health problems, including substance abuse, throughout the lifespan.

More studies should be replicated throughout country, especially in states with a high concentration of female veterans. Establish standards requiring a percentage of staff at each VA facility to be graduates of the mini- residency program to ensure that each facility is able to provide basic standards of quality care to female veterans and deadlines for compliance.

Appropriate funding for a VA outreach and advertising campaign directed at female troops and veterans could help inform them of their eligibility for VA services, benefits and creating a Women Veterans Coordinator. Evaluate current VA housing and assistance programs for homeless and displaced women veterans and their families and make recommendations for improvement. Increase funding for Vet Centers and VA medical facilities so the VA can hire more female practitioners, doctors who specialize in women's health, mental health providers and outreach specialists. Increase availability of job placement options and quality care by allowing females to enroll in employment programs and educational opportunities to the female veterans that qualify.

The need for short term disability as a support to provide financial assistance until the veterans can be placed in a sustainable environment. Childhood trauma as a potential

risk fact needs to be explored and its possible relationship to female rates in the military and there future positive transition to veteran's status. The impact of MST and sexual assaults before, during and after the military should be explored to examine risk factors for the female veterans.

Summary

The homeless veteran population persists for many of the same reasons that the homeless nonveteran population does. Some are “situationally homeless” as a result of economic hardship, such as loss of employment or a change in life circumstances like divorce, death of family members, or domestic violence. Others suffer from untreated mental illnesses, including psychotic disorders, mood disorders, or posttraumatic stress disorder. A significant number of homeless people bear drug and alcohol addiction or failure to integrate into society following military service, incarceration, or long-term hospitalization.

Few choose a life of nomadic isolation as a “career track,” but they become accustomed to living on the fringe of society in a self-imposed form of social isolation prompting many to become numb and resigned to their situation. It takes a Herculean effort to mobilize the internal and external resources, energy, to motivate oneself from a position of homelessness to stability without outside assistance. As a result, many remain homeless for months or years, often establishing a pattern of episodic homelessness that repeats throughout their lifetime (Iverson & Cornell, 2009).

Using a modified framework for studying vulnerable populations allowed this qualitative and descriptive study to examine multiples factors for homelessness. The risk factors, coupled with necessary resources to end homelessness, among female veterans

were also examined. The resultant themes were revealed through the interviews and cataloged in the expressed views of the homeless female veteran. Some of the major risk factors stemmed from childhood trauma, domestic violence, and physical/mental health issues, lack of family support, PTSD, substance abuse and how each woman related to their individual trauma.

Resources, both available and those not available, were cited as major factors needed to end homelessness. These included, but were not necessarily limited to the following: increased employment options; education options, affordable housing options; and income support programs designed to meet their basic needs of housing, clothing, and transportation. Although nine out of ten participants received their health care through the VA healthcare system and were complimentary of their services, they also felt that there were gaps that needed to be filled.

Social capital, social status and human capital were discussed and outlined in the veteran's risks and reported resources necessary to combat homelessness. By sharing the individual veteran's perspective, as revealed in the themes highlighted in the modified framework for studying vulnerable populations, it was possible to establish pathways to understanding each female veteran's journey to homelessness.

While there may be limitations to this study, the necessary foundation has been established and the road to successful eradication of homelessness for female veterans is achievable. With the risk factors eliminated, resources found, with the individual, community, and government working in concert there is no reason to have homeless female veterans. If a veteran and his or her family come to a VA clinic or hospital, the veteran should be given access to a variety of options that include emergency shelter,

placement in a residential treatment setting, and transitional or permanent housing with supportive services in addition to medical, psychiatric, or substance-abuse care. By providing this immediate service will serve as the gateway to establish permanent and long-term housing options for those female veterans who find themselves in situations that does not fit their status or expected station in life. In fact, we need to equip these female veterans as they struggle to address the issues of the “Battlefield at Home”.

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Appendix A

Demographic Form

Demographic Information / Service Utilization

1. What is your age?

2. To what racial group do you belong? (Mark only one.)

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Refused

3. Are you of Spanish/Hispanic/Latino origin (e.g., Mexican, Cuban, Puerto-Rican)?

Yes or No?

4. If yes, to which Spanish/Hispanic/Latino group do you belong?

1 = Mexican-American, Chicano 2 = Puerto Rican 3 = Cuban 4 = Other Spanish/Hispanic

5. Which languages do you speak most of the time now?

English only, English and Spanish, Other (Specify)_____

6. How many years of school did you complete? (primary school ; middle school ; diploma or GED ; Associate's ; Bachelor's; Master's ; MD/JD/PhD)

7. What is your current marital status?

Single/Never married, Married, Divorced, Separated, Widowed

8. How much of the past year were you covered by any type of health insurance, including Private insurance, Medicaid, or Medicare but not including the VA?

Not at all. Less than 3 months, Three to 6 months, Seven to 11 months, all year

9. How many children do you have and there ages?
- 9-a. How many of these children are under the age of 18
10. Do you have a valid photo ID such as a driver's license, state issued?
ID, or military ID?
11. What branch of military were you in? Branch of Service: Army, Navy, Marine, Air Force, Coast Guard, National Guard
12. What was your job/Military Occupational Specialty while in the military?
13. Years of Service: 1-5 6-10 11-15 16-20 over 20
14. How long have you been out of the military?
15. Length of time homeless: Below 1 year 1-5 years 6-10 years, Over 10 years
16. Number of episodes of homelessness- 1-3 4-6 7-10 >10
17. What is your religious preference? What was placed on your military dog tags?
18. Where are you from originally and how did you end up here?
19. Is there anything else you would add?

Appendix B

Interview Questions

Describe homelessness:

1. Describe what being homeless means to you.

Follow up probes:

1. What actions have you already taken to end your homelessness?
2. What will ending homelessness mean to you?
3. Describe how has being a female veteran impacted your homelessness?
4. What happened after military discharge that led to your homeless situation?

Resources:

1. Describe how resources or lack of resources have contributed to your homelessness.
2. What are the dynamics of unemployment and underemployment for female veterans?
- 2a. What are the gaps in services and supports.

Follow up probes:

1. Describe your current social support network. Do you have family members to assist you?
2. What resources do you feel are necessary to end your homelessness?
3. What was your job in the military? How has your military career helped you find employment since leaving the military?
- 4a. Do military jobs skills translate to the civilian job markets?
- 4b. What types of employment services and support do female veterans use?
- 4c. To what extent have female veteran's experiences discrimination in the job market?
5. How far do you normally have to go for healthcare? How do you get there?

6. Where do you normally receive your health care?
7. Have you used the VA health care system or social services in the past 12 months?
What type of services?
8. How can systems be improved to serve female veterans?
9. Did you use your GI Bill, for college? Did any of your children use it?
10. Did you use your VA Home Loan?
11. Do you consider yourself religious or spiritual and has that helped you during this journey.

Risk Factors:

1. Describe what events occurred in your life prior to becoming homeless.
2. What do you consider the risk factors for your homelessness were?
3. What are the psychosocial variables that are related to precarious housing and literal homelessness among veterans in the Kansas City Metropolitan area?

Follow up probes:

1. Describe your health before becoming homeless.
2. Describe your health now.
3. Do you have a social support network in this area?
4. If there was one thing you would want the VA, the world and homeless community everywhere, what would it be?

Appendix C

Consent For Use Of Voice Recording

KANSAS STATE UNIVERSITY

INFORMED CONSENT

PROJECT TITLE: The Battlefield at Home: Homelessness from the Female Veteran's Perspective

APPROVAL DATE OF PROJECT: July 18, 2014

EXPIRATION DATE OF PROJECT: July 18, 2015

PRINCIPAL INVESTIGATOR: CO-INVESTIGATOR(S): Charlotte Shoup Olsen

CONTACT AND PHONE FOR ANY PROBLEMS/QUESTIONS:

343 N. Justin Hall
(785) 532-5773 or (785) 532-1948
colsen@k-state.edu

IRB CHAIR CONTACT/PHONE INFORMATION:

Rick Scheidt, 785-532-1483

SPONSOR OF PROJECT: Kansas State University

PURPOSE OF THE RESEARCH:

Conducting descriptive Qualitative Study on exploring the meaning of homelessness, as well as risk factors from the female veteran's personal experience of being homeless.

PROCEDURES OR METHODS TO BE USED:

Data analysis will be conducted by the researcher using Microsoft Word. All taped interviews will be transcribed verbatim by the researcher. To ensure interrater reliability another research assistant will review each interview and discuss agreement with themes/codes and data saturation.

ALTERNATIVE PROCEDURES OR TREATMENTS, IF ANY, THAT MIGHT BE ADVANTAGEOUS TO SUBJECT:

No.

LENGTH OF STUDY:

One year.

RISKS ANTICIPATED:

Risks to the participants are minimal but may include reliving upsetting circumstances during the interview process as well as risk of identification. Emotion risk will be minimized by the participant's right to refuse to answer any question that they did not wish to answer. The researcher will also stop the interview and allow the participant to regain composure to complete the interview if necessary.

BENEFITS ANTICIPATED:

The benefits to the participants will include the opportunity to share their stories and having the sense of helping others. Identifying the risks for homelessness is necessary in breaking the homeless cycle.

EXTENT OF

CONFIDENTIALITY:

Researcher will remove identifiers by replacing the names with a pseudonym to create a "clean" data set. A clean data set does not contain information that

identifies respondents, such as a name, address, occupation, and ethnic background will be changed. (Such identifying information might be stored elsewhere, in separate, protected files.

IS COMPENSATION OR MEDICAL TREATMENT AVAILABLE IF INJURY OCCURS: No

PARENTAL APPROVAL FOR MINORS: N/A

TERMS OF PARTICIPATION: I understand this project is research, and that my participation is completely voluntary. I also understand that if I decide to participate in this study, I may withdraw my consent at any time, and stop participating at any time without explanation, penalty, or loss of benefits, or academic standing to which I may otherwise be entitled.

I verify that my signature below indicates that I have read and understand this consent form, and willingly agree to participate in this study under the terms described, and that my signature acknowledges that I have received a signed and dated copy of this consent form.

(Remember that it is a requirement for the P.I. to maintain a signed and dated copy of the same consent form signed and kept by the participant

Participant Name: _____

Participant Signature: _____ Date: _____

Witness to Signature: (project staff) _____ Date: _____

Appendix D

Flyer



Research Study!

The Battlefield at Home: The Meaning of Homelessness from the Female Veteran's Perspective

We are currently recruiting female homeless veterans to participate in a current research project. This project is being conducted to describe homelessness among female veterans, risk factors for homelessness and resources necessary to end homelessness.

These research findings can potentially assist the Veterans Administration and other community partners in designing programs specific to the female homeless veteran population and/or identifying early risk factors to decrease homelessness among female veterans for a variety of community partners.

If you are a female veteran from any branch of armed service (Army, Navy, Air Force, Marine or Coast Guard), are homeless you are eligible to participate in this study. Please contact the below number or ask your health care provider or social worker to contact the number below.

Interviews will/can be conducted privately either in the Homeless services providers location in:

- Kansas City, MO
- Leavenworth, KS
- Kansas City, KS
- Topeka, KS
- Other Cities in Kansas or Missouri
- Location preference of the Female Veteran
- or local Salvation Army Offices

If selected to participate in this research project you will receive a **\$30.00 Walmart gift card** for your participation. All identifying information will remain confidential. The interview should be about 1 hour and a half in length.

Chiquita Miller, MS, CFLE
Work Phone: 913-299-9300

Appendix E

Research Short Form

You have participated in a research study entitled “The Battlefield at home: The experience of homelessness from the female veteran’s perspective.” Should you have questions or wish to withdraw from the study you can contact the researcher, Chiquita Miller, at 913-299-9300.

Appendix F

List of Military Acronyms

ASVAB	Armed Services Vocational Aptitude Battery
CHALENG	Community Homelessness Assessment Local Education and Networking Groups
CWT	Compensated Work Therapy
DD-214	Certificate of Release or Discharge from Active Duty
DSM	Diagnostic and Statistical Manual of Mental Disorders
GAO	Government Accountability Office
GI BILL	Government Issued Bill
GPD	Grant and Per Diem
GWOT	Global War on Terror
HCHV	Health Care for the Homeless Veteran
HUD- VASH	Housing and Urban Development Veteran Affairs Supportive Housing program
MOS	Military Occupation Specialty
OND	Operation New Dawn
PTSD	Post-Traumatic Stress Disorder
SSVF	Supportive Services for Veteran Families
TBI	Traumatic Brain Injury
VA	Department of Veterans Affairs (Federal)
VAC	Veterans Affairs Compensation
VHA	Veterans Health Administration (Federal)
VISN	Veterans Integrated Service Networks
VSO	Veterans Service Organizations